

HPSM CPT Code Prior Authorization Required List

Last Updated: 6/1/2024

Notes: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes regularly updated and posted on <https://www.hpsm.org/authorizations>. To search the list by code or key word, press the Ctrl+F keys on your keyboard then type in the box that pops up.

* PA = Prior Authorization. Y = Yes. C = Conditional

| Code | Description | PA* | Comments | Date Updated |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------|--------------|
| 11719 | TRIM NAIL(S) ANY NUMBER | Y | Only covered under CA benefit | |
| 11952 | TX CONTOUR DEFECTS 5.1-10CC | Y | Only covered under CA benefit | |
| 11954 | TX CONTOUR DEFECTS >10.0 CC | Y | Only covered under CA benefit | |
| 11960 | Insertion, tissue expander(s) for other than breast | Y | | 7/1/2022 |
| 11970 | Replacement of tissue expander with permanent implant | Y | | 7/1/2022 |
| 11971 | Removal of tissue expander without insertion of implant | Y | | 7/1/2022 |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision | Y | | 7/1/2022 |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; 50 cc or less injectate | Y | | 7/1/2022 |
| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; each additional 50 cc or less injectate, or part thereof | Y | | 7/1/2022 |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; 25 cc or less injectate | Y | | 7/1/2022 |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; each additional 25 cc injectate, or part thereof | Y | | 7/1/2022 |
| 15780 | Dermabrasion; total face | Y | | 7/1/2022 |
| 15781 | Dermabrasion; segmental, face | Y | | 7/1/2022 |
| 15782 | Dermabrasion; regional, other than face | Y | | 7/1/2022 |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | Y | | 12/01/23 |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | Y | | 12/01/23 |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL | Y | | 12/01/23 |
| 15793 | Chemical peel, nonfacial; dermal | Y | | 7/1/2022 |
| 15820 | BLEPHAROPLASTY, LOWER EYELID | Y | | 07/01/23 |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; HERNIATED FAT PAD | Y | | 07/01/23 |
| 15822 | BLEPHAROPLASTY, UPPER EYELID | Y | | 07/01/23 |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | Y | | 12/1/22 |
| 15829 | REMOVAL OF SKIN WRINKLES | Y | Only covered under CA benefit | |
| 15830 | EXCISION, EXCESSIVE SKIN; ABDOMEN | C | Only covered under CA benefit | 07/01/23 |
| 15832 | EXCISE EXCESSIVE SKIN THIGH | Y | Only covered under CA benefit | |
| 15834 | EXCISE EXCESSIVE SKIN HIP | Y | Only covered under CA benefit | |
| 15835 | EXCISE EXCESSIVE SKIN BUTTCK | Y | Only covered under CA benefit | |
| 15836 | EXCISE EXCESSIVE SKIN ARM | Y | Only covered under CA benefit | |
| 15847 | EXCISION, EXCESSIVE SKIN; ABDOMEN ADD-ON | C | Only covered under CA benefit | 07/01/23 |
| 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK | C | Only covered under CA benefit | 07/01/23 |
| 15879 | SUCTION LIPECTOMY LWR EXTREM | Y | Only covered under CA benefit | |
| 17311 | Mohs micrographic technique | Y | | 03/01/24 |
| 17312 | MOHS ADDL STAGE | Y | | |
| 17313 | MOHS 1 STAGE T/A/L | Y | | |
| 17314 | MOHS ADDL STAGE T/A/L | Y | | |
| 17315 | MOHS SURG ADDL BLOCK | Y | | |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE | Y | | 07/01/23 |
| 19300 | REMOVAL OF BREAST TISSUE | Y | | |
| 19301 | PARTIAL MASTECTOMY | Y | | |
| 19302 | P-MASTECTOMY W/LN REMOVAL | Y | | |
| 19303 | MAST SIMPLE COMPLETE | Y | | |
| 19305 | Mastectomy, radical | Y | | 07/01/22 |
| 19306 | Mastectomy, radical, urban type | Y | | 07/01/22 |
| 19307 | MASTECTOMY, MODIFIED RADICAL | Y | | 12/01/23 |
| 19316 | Mastopexy | Y | | 07/01/22 |
| 19318 | Breast reduction | Y | | 11/01/22 |
| 19325 | BREAST AUGMENTATION WITH IMPLANT | Y | | 12/01/23 |
| 19340 | INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE) | Y | | 12/01/23 |
| 19342 | Insertion or replacement of breast implant on separate day from mastectomy | Y | | 07/01/22 |
| 19350 | Nipple/areola reconstruction | Y | | 07/01/22 |

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| 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) | Y | | 07/01/22 |
| 19361 | Breast reconstruction; with latissimus dorsi flap | Y | | 07/01/22 |
| 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) | Y | | 07/01/22 |
| 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap | Y | | 07/01/22 |
| 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging) | Y | | 07/01/22 |
| 19369 | Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap | Y | | 07/01/22 |
| 19370 | REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY | Y | | 10/01/23 |
| 19371 | PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS | Y | | 12/01/23 |
| 19380 | REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION) | Y | | 12/01/23 |
| 19499 | UNLISTED PROCEDURE, BREAST | Y | | 07/01/23 |
| 20912 | CARTILAGE GRAFT; NASAL SEPTUM | C | PA required for CA only | 07/01/23 |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL | Y | | 07/01/23 |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT | Y | | 12/01/23 |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT | Y | | 12/01/23 |
| 21060 | MENISCECTOMY, TEMPOROMANDIBULAR JOINT | Y | | 12/01/23 |
| 21070 | CORONOIDECTOMY | Y | | 12/01/23 |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) | Y | | 12/01/23 |
| 21193 | RECONST LWR JAW W/O GRAFT | Y | | |
| 21196 | RECONST LWR JAW W/FIXATION | Y | | |
| 21209 | REDUCTION OF FACIAL BONES | Y | | |
| 21210 | REPAIR OF NASAL OR CHEEK BONE WITH BONE GRAFT | C | PA required for CA only. CMS Rule: CMS-1717-FC | 09/01/20 |
| 21256 | RECONSTRUCTION OF ORBIT | C | PA required for ages 21 and under; not required for ages over 21 | |
| 21299 | SKULL AND FACE BONE PROCEDURE | Y | | |
| 21499 | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD | Y | | |
| 21700 | DIVISION, SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | Y | | 12/01/23 |
| 21705 | DIVISION, SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB | Y | | 12/01/23 |
| 21720 | DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITHOUT CAST APPLICATION | Y | | 12/01/23 |
| 21725 | DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITH CAST APPLICATION | Y | | 12/01/23 |
| 21740 | RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM OR CARINATUM; OPEN | Y | | 12/01/23 |
| 21742 | NUSS PROCEDURE, WITHOUT THORACOSCOPY | Y | | 12/01/23 |
| 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY | Y | | |
| 21899 | UNLISTED PROCEDURE, NECK OR THORAX | Y | | 07/01/23 |
| 22510 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; CERVICOTHORACIC | Y | | 12/01/23 |
| 22511 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; LUMBOSACRAL | Y | | 12/01/23 |
| 22512 | PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY | Y | | 12/01/23 |
| 22513 | PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; THORACIC | Y | | 12/01/23 |
| 22514 | PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; LUMBAR | Y | | 12/01/23 |
| 22515 | PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY | Y | | 12/01/23 |
| 22551 | ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2 | C | PA required for CA only | 07/01/23 |
| 22552 | ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE) | C | PA required for CA only | 07/01/23 |
| 22586 | ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE | Y | | 12/01/23 |
| 22633 | LUMBAR SPINE FUSION COMBINED | Y | | |
| 22634 | SPINE FUSION EXTRA SEGMENT | Y | | |
| 22853 | INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 22854 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 22857 | LUMBAR ARTIF DISCECTOMY | Y | | |
| 22858 | TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SECOND LEVEL, CERVICAL | Y | | 12/01/23 |

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| 22859 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 22862 | REVISE LUMBAR ARTIF DISC | Y | | |
| 22865 | REMOVE LUMB ARTIF DISC | Y | | |
| 22867 | INSJ STABLJ DEV W/DCMPRN | Y | | |
| 22868 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 22869 | INSJ STABLJ DEV W/O DCMPRN | Y | | |
| 22870 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 22899 | UNLISTED PROCEDURE, SPINE | Y | | 07/01/23 |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL | Y | | 07/01/23 |
| 23800 | FUSION OF SHOULDER JOINT | C | PA required for ages 21 and under; not required for ages over 21 | |
| 23802 | FUSION OF SHOULDER JOINT | C | PA required for ages 21 and under; not required for ages over 21 | |
| 23929 | SHOULDER SURGERY PROCEDURE | C | PA required for ages 21 and under; not required for ages over 21 | |
| 24935 | REVISION OF AMPUTATION | C | PA required for ages 21 and under; not required for ages over 21 | |
| 24940 | REVISION OF UPPER ARM | C | PA required for ages 21 and under; not required for ages over 21 | |
| 24999 | UPPER ARM/ELBOW SURGERY | Y | | |
| 25025 | DECOMPRESS FOREARM 2 SPACES | C | PA required for ages 21 and under; not required for ages over 21 | |
| 25031 | DRAINAGE OF FOREARM BURSA | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27125 | HERMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STERN PROSTHESIS, BIPOLAR ARTHROPLASTY) | Y | | 01/06/18 |
| 27130 | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT | Y | | 01/06/18 |
| 27132 | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT | Y | | 01/06/18 |
| 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT | Y | | 01/06/18 |
| 27137 | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT | Y | | 01/06/18 |
| 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT | Y | | 01/06/18 |
| 27140 | TRANSPLANT FEMUR RIDGE | Y | | |
| 27412 | AUTOCHONDROCYTE IMPLANT KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | Y | | |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS | Y | | 01/06/18 |
| 27441 | REVISION OF KNEE JOINT | Y | | 01/10/19 |
| 27443 | REVISION OF KNEE JOINT | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27445 | REVISION OF KNEE JOINT | Y | | |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT | Y | | 01/06/18 |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) | Y | | 01/06/18 |
| 27466 | LENGTHENING OF THIGH BONE | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27468 | SHORTEN/LENGTHEN THIGHS | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27477 | SURGERY TO STOP LEG GROWTH | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27486 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT | Y | | 01/06/18 |
| 27487 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT | Y | | 01/06/18 |
| 27488 | REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE | Y | | 01/06/18 |
| 27580 | FUSION OF KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| 27599 | LEG SURGERY PROCEDURE | Y | | |
| 27880 | AMPUTATION OF LOWER LEG | Y | | |
| 29800 | JAW ARTHROSCOPY/SURGERY | C | PA required for ages 21 and under; not required for ages over 21 | |
| 29804 | JAW ARTHROSCOPY/SURGERY | C | PA required for ages 21 and under; not required for ages over 21 | |
| 29894 | ANKLE ARTHROSCOPY/SURGERY | C | PA required for ages 21 and under; not required for ages over 21 | |
| 29907 | SUBTALAR ARTHRO W/FUSION | C | PA required for ages 21 and under; not required for ages over 21 | |
| 29999 | ARTHROSCOPY OF JOING | Y | | |
| 30130 | EXCISE INFERIOR TURBINATE | Y | | |
| 30140 | RESECT INFERIOR TURBINATE | Y | | |
| 30220 | INSERTION NASAL SEPTAL PROSTHESIS | Y | | 12/01/23 |
| 30400 | RECONSTRUCTION OF NOSE | Y | | |
| 30410 | RECONSTRUCTION OF NOSE | Y | | |
| 30420 | RECONSTRUCTION OF NOSE | Y | | |
| 30430 | REVISION OF NOSE | Y | | |

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| 30435 | REVISION OF NOSE | Y | | |
| 30450 | REVISION OF NOSE | Y | | |
| 30460 | REVISION OF NOSE | Y | | |
| 30462 | REPAIR OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE | Y | | 09/01/20 |
| 30465 | REPAIR NASAL STENOSIS | Y | | |
| 30520 | REPAIR OF NASAL SEPTUM | Y | | |
| 30540 | REPAIR NASAL DEFECT | Y | | |
| 30560 | RELEASE OF NASAL ADHESIONS | Y | | |
| 30580 | REPAIR UPPER JAW FISTULA | Y | | |
| 30915 | LIGATION NASAL SINUS ARTERY | Y | | |
| 30930 | THER FX NASAL INF TURBINATE | Y | | |
| 30999 | NASAL SURGERY PROCEDURE | Y | | |
| 31030 | EXPLORATION MAXILLARY SINUS | Y | | |
| 31032 | SINUSOTOMY, MAXILLARY; INTRANASAL; RADICAL WITH ANTROCHOANAL POLYP REMOVAL | Y | | 12/01/23 |
| 31040 | EXPLORATION BEHIND UPPER JAW | Y | | |
| 31050 | SINUSOTOMY, SPHENOID | Y | | 12/01/23 |
| 31051 | SINUSOTOMY, SPHENOID, WITH MUCOSAL STRIPPING OR REMOVAL, POLYP(S) | Y | | 12/01/23 |
| 31070 | EXPLORATION OF FRONTAL SINUS | Y | | |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL | Y | | 12/01/23 |
| 31080 | REMOVAL OF FRONTAL SINUS | Y | | |
| 31081 | REMOVAL OF FRONTAL SINUS | Y | | |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE WITH OSTEOPLASTIC FLAP, BROW INCISION | Y | | 12/01/23 |
| 31085 | REMOVAL OF FRONTAL SINUS | Y | | |
| 31086 | REMOVAL OF FRONTAL SINUS | Y | | |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE WITH OSTEOPLASTIC FLAP, CORONAL INCISION | Y | | 12/01/23 |
| 31090 | EXPLORATION OF SINUSES | Y | | |
| 31205 | REMOVAL OF ETHMOID SINUS | Y | | |
| 31225 | REMOVAL OF UPPER JAW | Y | | |
| 31233 | NASAL/SINUS ENDOSCOPY DX | Y | | |
| 31254 | REVISION OF ETHMOID SINUS | Y | | |
| 31255 | REMOVAL OF ETHMOID SINUS | Y | | |
| 31256 | EXPLORATION MAXILLARY SINUS | Y | | |
| 31276 | SINUS ENDOSCOPY SURGICAL | Y | | |
| 31287 | NASAL/SINUS ENDOSCOPY SURG | Y | | |
| 31288 | NASAL/SINUS ENDOSCOPY SURG | Y | | |
| 31290 | NASAL/SINUS ENDOSCOPY SURG | Y | | |
| 31292 | NASAL/SINUS ENDOSCOPY SURG | Y | | |
| 31294 | NASAL/SINUS ENDOSCOPY SURG | Y | | |
| 31295 | SINUS ENDO W/BALLOON DIL | Y | | |
| 31296 | SINUS ENDO W/BALLOON DIL | Y | | |
| 31297 | SINUS ENDO W/BALLOON DIL | Y | | |
| 31299 | SINUS SURGERY PROCEDURE | Y | | |
| 31551 | LARYNGOPLASTY LARYNGEAL STEN | Y | | |
| 31552 | LARYNGOPLASTY LARYNGEAL STEN | Y | | |
| 31553 | LARYNGOPLASTY LARYNGEAL STEN | Y | | |
| 31554 | LARYNGOPLASTY LARYNGEAL STEN | Y | | |
| 31572 | LARGSC W/LASER DSTRJ LES | Y | | |
| 31573 | LARGSC W/THER INJECTION | Y | | |
| 31574 | LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL | Y | | |
| 31591 | LARYNGOPLASTY MEDIALIZATION | Y | | |
| 31592 | CRICOTRACHEAL RESECTION | Y | | |
| 31599 | LARYNX SURGERY PROCEDURE | Y | | |
| 31660 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE | Y | | 12/01/23 |
| 31661 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES | Y | | 12/01/23 |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BRONCHI | Y | | 07/01/23 |
| 32491 | LUNG VOLUME REDUCTION | Y | Only covered under CA benefit | |
| 32851 | LUNG TRANSPLANT, SINGLE, WITHOUT CARDIOPULMONARY BYPASS | Y | | 12/01/23 |
| 32852 | LUNG TRANSPLANT, SINGLE, WITH CARDIOPULMONARY BYPASS | Y | | 12/01/23 |

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| 32853 | LUNG TRANSPLANT, DOUBLE, WITHOUT CARDIOPULMONARY BYPASS | Y | | 12/01/23 |
| 32854 | LUNG TRANSPLANT, DOUBLE, WITH CARDIOPULMONARY BYPASS | Y | | 12/01/23 |
| 32999 | UNLISTED PROCEDURE, LUNGS AND PLEURA | Y | | 07/01/23 |
| 33340 | PERQ CLSR TCAT L ATR APNDGE | Y | | |
| 33390 | VALVULOPLASTY AORTIC VALVE | Y | | |
| 33391 | VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY) | Y | | |
| 33935 | TRANSPLANTATION HEART/LUNG | Y | | |
| 33945 | TRANSPLANTATION OF HEART | Y | | |
| 33946 | EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO- VENOUS | Y | | |
| 33947 | EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO- ARTERIAL | Y | | |
| 33990 | INSERT VAD ARTERY ACCESS | Y | | |
| 33999 | CARDIAC SURGERY PROCEDURE | Y | | |
| 35475 | REPAIR ARTERIAL BLOCKAGE | Y | | |
| 36299 | UNLISTED PROCEDURE, VASCULAR INJECTION | Y | | 07/01/23 |
| 36456 | PRTL EXCHANGE TRANSFUSE NB | Y | | |
| 36468 | INJECTION(S) SPIDER VEINS | Y | Only covered under CA benefit | |
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | Y | | |
| 36474 | ENDOVENOUS MCHNCHEM ADD-ON | Y | | |
| 36475 | ENDOVENOUS RF 1ST VEIN | Y | | 09/01/20 |
| 36476 | ENDOVENOUS RF VEIN ADD-ON | Y | | 09/01/20 |
| 36478 | ENDOVENOUS LASER 1ST VEIN | Y | | 09/01/20 |
| 36479 | ENDOVENOUS ABLATION, LASER SUBSEQUENT VEIN(S) | Y | | 07/01/23 |
| 36482 | CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | C | PA required for CA only | 09/01/20 |
| 36483 | CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE | C | PA required for CA only | 09/01/20 |
| 36511 | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS | Y | | 12/01/23 |
| 36512 | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS | Y | | 12/01/23 |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATELETS | Y | | 12/01/23 |
| 36514 | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS | Y | | 12/01/23 |
| 36516 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION | Y | | 12/01/23 |
| 36522 | PHOTOPHERESIS | Y | | |
| 36901 | INTRO CATH DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36902 | INTRO CATH DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36903 | INTRO CATH DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36904 | THRMBC/NFS DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36905 | THRMBC/NFS DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36906 | THRMBC/NFS DIALYSIS CIRCUIT | Y | | 11/01/22 |
| 36907 | TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | 11/01/22 |
| 36908 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | 11/01/22 |
| 36909 | DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | 11/01/22 |
| 37215 | TRANSCATH STENT CCA W/EPS | Y | | |
| 37217 | STENT PLACEMT RETRO CAROTID | Y | | |
| 37236 | OPEN/PERQ PLACE STENT 1ST | Y | | |
| 37237 | OPEN/PERQ PLACE STENT EA ADD | Y | | |
| 37238 | OPEN/PERQ PLACE STENT SAME | Y | | |
| 37239 | OPEN/PERQ PLACE STENT EA ADD | Y | | |
| 37241 | VASC EMBOLIZE/OCCLUDE VENOUS | Y | | |
| 37242 | VASC EMBOLIZE/OCCLUDE ARTERY | Y | | |
| 37243 | VASC EMBOLIZE/OCCLUDE ORGAN | Y | | |
| 37244 | VASC EMBOLIZE/OCCLUDE BLEED | Y | | |
| 37246 | TRLUML BALO ANGIOP 1ST ART | Y | | |
| 37248 | TRLUML BALO ANGIOP 1ST VEIN | Y | | |

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| 37249 | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | |
| 37500 | VASCULAR ENDOSCOPY WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL | Y | | 12/01/23 |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PROCEDURE | Y | | 07/01/23 |
| 37700 | LIGATION/DIVISION LONG SAPHENOUS VEIN | Y | | 12/01/23 |
| 37718 | LIGATION, DIVISION AND STRIPPING, SHORT SAPHENOUS VEIN | Y | | 12/01/23 |
| 37722 | LIGATION, DIVISION AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS | Y | | 12/01/23 |
| 37735 | LIGATION/DIVISION/STRIPPING SAPHENOUS VEINS, WITH EXCISION OF DEEP FASCIA | Y | | 12/01/23 |
| 37760 | LIGATION OF PERFORATOR VEINS, OPEN | Y | | 12/01/23 |
| 37761 | LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG | Y | | 12/01/23 |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, 10-20 INCISIONS | Y | | 12/01/23 |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, MORE THAN 20 INCISIONS | Y | | 12/01/23 |
| 37780 | LIGATION/DIVISION SHORT SAPHENOUS VEIN | Y | | 12/01/23 |
| 37785 | LIGATION/DIVISION VARICOSE VEINS, ONE LEG | Y | | 12/01/23 |
| 37799 | VASCULAR SURGERY PROCEDURE | Y | | |
| 38129 | UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN | Y | | 07/01/23 |
| 38204 | MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION | Y | | 12/01/23 |
| 38205 | HARVEST ALLOGENEIC STEM CELL | Y | | |
| 38206 | HARVEST AUTO STEM CELLS | Y | | |
| 38214 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA DEPLETION | Y | | 12/01/23 |
| 38215 | TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA | Y | | 12/01/23 |
| 38230 | BONE MARROW HARVEST ALLOGEN | Y | | |
| 38232 | BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS | Y | | 12/01/23 |
| 38240 | TRANSPLT ALLO HCT/DONOR | Y | | |
| 38241 | TRANSPLT AUTOL HCT/DONOR | Y | | |
| 38242 | TRANSPLT ALLO LYMPHOCYTES | Y | | |
| 38243 | HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST | Y | | 12/01/23 |
| 38589 | UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM | Y | | 07/01/23 |
| 38999 | BLOOD/LYMPH SYSTEM PROCEDURE | Y | | |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUM | Y | | 07/01/23 |
| 39541 | REPAIR, DIAPHRAGMATIC HERNIA, TRAUMATIC; CHRONIC | Y | | 12/01/23 |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM | Y | | 07/01/23 |
| 40799 | LIP SURGERY PROCEDURE | Y | | |
| 40840 | RECONSTRUCTION OF MOUTH | Y | | |
| 40842 | RECONSTRUCTION OF MOUTH | Y | | |
| 40843 | RECONSTRUCTION OF MOUTH | Y | | |
| 40844 | RECONSTRUCTION OF MOUTH | Y | | |
| 40845 | RECONSTRUCTION OF MOUTH | Y | | |
| 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH | Y | | 07/01/23 |
| 41599 | TONGUE AND MOUTH SURGERY | Y | | |
| 41806 | REMOVAL FOREIGN BODY JAWBONE | Y | | |
| 41820 | EXCISION GUM EACH QUADRANT | Y | | |
| 41821 | EXCISION OF GUM FLAP | Y | | |
| 41822 | EXCISION OF GUM LESION | Y | | |
| 41823 | EXCISION OF GUM LESION | Y | | |
| 41825 | EXCISION OF GUM LESION | Y | | |
| 41826 | EXCISION OF GUM LESION | Y | | |
| 41827 | EXCISION OF GUM LESION | Y | | |
| 41828 | EXCISION OF GUM LESION | Y | | |
| 41830 | REMOVAL OF GUM TISSUE | Y | | |
| 41850 | TREATMENT OF GUM LESION | Y | | |
| 41870 | GUM GRAFT | Y | | |
| 41872 | REPAIR GUM | Y | | |
| 41874 | REPAIR TOOTH SOCKET | Y | | |
| 41899 | PROCEDURE, DENTOALVEOLAR STRUCTURES | Y | | |
| 42140 | EXCISION OF UVULA | Y | | |
| 42145 | REPAIR PALATE PHARYNX/UVULA | Y | | |
| 42200 | RECONSTRUCT CLEFT PALATE | Y | | |
| 42205 | RECONSTRUCT CLEFT PALATE | Y | | |

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| 42210 | RECONSTRUCT CLEFT PALATE | Y | | |
| 42215 | RECONSTRUCT CLEFT PALATE | Y | | |
| 42220 | RECONSTRUCT CLEFT PALATE | Y | | |
| 42225 | RECONSTRUCT CLEFT PALATE | Y | | |
| 42235 | REPAIR PALATE | Y | | |
| 42281 | INSERTION PALATE PROSTHESIS | Y | | |
| 42299 | UNLISTED PROCEDURE, PALATE, UVULA | Y | | 07/01/23 |
| 42699 | SALIVARY SURGERY PROCEDURE | Y | | |
| 42999 | THROAT SURGERY PROCEDURE | Y | | |
| 43191 | ESOPHAGOSCOPY RIGID TRNSO DX | Y | | |
| 43194 | ESOPHAGOSCP RIG TRNSO REM FB | Y | | |
| 43195 | ESOPHAGOSCOPY RIGID BALLOON | Y | | |
| 43197 | ESOPHAGOSCOPY FLEX DX BRUSH | Y | | |
| 43198 | ESOPHAGOSC FLEX TRNSN BIOPSY | Y | | |
| 43213 | ESOPHAGOSCOPY RETRO BALLOON | Y | | |
| 43233 | EGD BALLOON DIL ESOPH30 MM/> | Y | | |
| 43253 | EGD US TRANSMURAL INJXN/MARK | Y | | |
| 43254 | EGD ENDO MUCOSAL RESECTION | Y | | |
| 43266 | EGD ENDOSCOPIC STENT PLACE | Y | | |
| 43270 | EGD LESION ABLATION | Y | | |
| 43274 | ERCP DUCT STENT PLACEMENT | Y | | |
| 43275 | ERCP REMOVE FORGN BODY DUCT | Y | | |
| 43276 | ERCP STENT EXCHANGE W/DILATE | Y | | |
| 43277 | ERCP EA DUCT/AMPULLA DILATE | Y | | |
| 43278 | ERCP LESION ABLATE W/DILATE | Y | | |
| 43279 | LAP MYOTOMY HELLER | Y | | |
| 43281 | LAP PARAESOPHAG HERN REPAIR | Y | | |
| 43282 | LAP PARAESOPH HER RPR W/MESH | Y | | |
| 43284 | LAPS ESOPHGL SPHNCTR AGMNTJ | Y | | |
| 43285 | RMVL ESOPHGL SPHNCTR DEV | Y | | |
| 43289 | UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS | Y | | 07/01/23 |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | Y | | 03/01/23 |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) | Y | | 03/01/23 |
| 43499 | ESOPHAGUS SURGERY PROCEDURE | Y | | |
| 43644 | LAP GASTRIC BYPASS/ROUX-EN-Y | Y | | |
| 43645 | LAP GASTR BYPASS INCL SMLL I | Y | | |
| 43647 | LAP IMPL ELECTRODE ANTRUM | Y | | |
| 43653 | LAPAROSCOPY GASTROSTOMY | Y | | |
| 43659 | LAPAROSCOPE PROC STOM | Y | | |
| 43770 | LAP PLACE GASTR ADJ DEVICE | Y | | |
| 43772 | LAP RMVL GASTR ADJ DEVICE | Y | | |
| 43774 | LAP RMVL GASTR ADJ ALL PARTS | Y | | |
| 43775 | LAP SLEEVE GASTRECTOMY | Y | | |
| 43999 | STOMACH SURGERY PROCEDURE | Y | | |
| 44132 | ENTERECTOMY CADAVER DONOR | Y | Only covered under CA benefit | |
| 44133 | ENTERECTOMY LIVE DONOR | Y | Only covered under CA benefit | |
| 44135 | INTESTINE TRANSPLNT CADAVER | Y | | |
| 44136 | INTESTINE TRANSPLANT LIVE | Y | | |
| 44238 | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) | Y | | 07/01/23 |
| 44360 | SMALL BOWEL ENDOSCOPY | Y | | |
| 44799 | UNLISTED PX SMALL INTESTINE | Y | | |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND MESENTERY | Y | | 07/01/23 |
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX | Y | | 07/01/23 |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM | Y | | 07/01/23 |
| 45999 | RECTUM SURGERY PROCEDURE | Y | | |
| 46999 | UNLISTED PROCEDURE, ANUS | Y | | 07/01/23 |
| 47135 | TRANSPLANTATION OF LIVER | Y | | |
| 47379 | LAPAROSCOPE PROCEDURE LIVER | Y | | |
| 47399 | LIVER SURGERY PROCEDURE | Y | | |

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| 48554 | TRANSPL ALLOGRAFT PANCREAS | Y | | |
| 48999 | UNLISTED PROCEDURE, PANCREAS (OR PANCREAS PROCUREMENT) | Y | | 07/01/23 |
| 49000 | EXPLORATION OF ABDOMEN | Y | | |
| 49329 | PROCEDURE ON ABDOMEN USING AN ENDOSCOPE | Y | | |
| 49560 | RPR VENTRAL HERN INIT REDUC | Y | | |
| 49561 | RPR VENTRAL HERN INIT BLOCK | Y | | |
| 49565 | REREPAIR VENTRL HERN REDUCE | Y | | |
| 49566 | REREPAIR VENTRL HERN BLOCK | Y | | |
| 49591 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | Y | | 03/01/23 |
| 49593 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | Y | | 03/01/23 |
| 49595 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible | Y | | 03/01/23 |
| 49613 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | Y | | 03/01/23 |
| 49615 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible | Y | | 03/01/23 |
| 49617 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible | Y | | 03/01/23 |
| 49621 | Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible | Y | | 03/01/23 |
| 49652 | LAP VENT/ABD HERNIA REPAIR | Y | | |
| 49653 | LAP VENT/ABD HERN PROC COMP | Y | | |
| 49654 | LAP INC HERNIA REPAIR | Y | | |
| 49655 | LAP INC HERN REPAIR COMP | Y | | |
| 49656 | LAP INC HERNIA REPAIR RECUR | Y | | |
| 49657 | LAP INC HERN RECUR COMP | Y | | |
| 49659 | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY | Y | | 07/01/23 |
| 49999 | ABDOMEN SURGERY PROCEDURE | Y | | |
| 50360 | TRANSPLANTATION OF KIDNEY | Y | | |
| 50370 | REMOVE TRANSPLANTED KIDNEY | Y | | |
| 50549 | UNLISTED LAPAROSCOPY PROCEDURE, RENAL | Y | | 07/01/23 |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE, URETER | Y | | 07/01/23 |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER | Y | | 07/01/23 |
| 52287 | CYSTOSCOPY CHEMODENERVATION | Y | | |
| 53899 | PROCEDURE, URINARY SYSTEM | Y | | |
| 54405 | INSERT MULTI-COMP PENIS PROS | Y | Only covered under CA benefit | |
| 54699 | UNLISTED LAPAROSCOPY PROCEDURE, TESTIS | Y | | 07/01/23 |
| 55559 | UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD | Y | | 07/01/23 |
| 55899 | MALE GENITAL SYSTEM PROCEDURE | Y | | |
| 58150 | TOTAL HYSTERECTOMY | Y | | 01/07/20 |
| 58180 | PARTIAL HYSTERECTOMY | Y | | 01/07/20 |
| 58200 | EXTENSIVE HYSTERECTOMY | Y | | 01/07/20 |
| 58210 | EXTENSIVE HYSTERECTOMY | Y | | 01/07/20 |
| 58260 | VAGINAL HYSTERECTOMY | Y | | 01/07/20 |
| 58262 | VAG HYST INCLUDING T/O | Y | | 01/07/20 |
| 58263 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE | Y | | 09/01/21 |
| 58290 | VAG HYST COMPLEX | Y | | 01/07/20 |
| 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) | Y | | 09/01/21 |
| 58292 | VAG HYST T/O & REPAIR COMPL | Y | | 01/07/20 |
| 58542 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) | Y | | 09/01/21 |
| 58544 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) | Y | | 09/01/21 |
| 58552 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) | Y | | 09/01/21 |
| 58554 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S) | Y | | 09/01/21 |
| 58570 | TLH UTERUS 250 G OR LESS | Y | | |
| 58571 | TLH W/T/O 250 G OR LESS | Y | | |
| 58573 | TLH W/T/O UTERUS OVER 250 G | Y | | |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE, UTERUS | Y | | 07/01/23 |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS | Y | | 07/01/23 |
| 58674 | LAPS ABLTJ UTERINE FIBROIDS | Y | | |

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| 58679 | UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY | Y | | 07/01/23 |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | Y | | 09/01/21 |
| 58940 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL | Y | | 09/01/21 |
| 58999 | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NONOBSTETRICAL | Y | | 07/01/23 |
| 59897 | UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE | Y | | 07/01/23 |
| 59898 | UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY | Y | | 07/01/23 |
| 59899 | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY | Y | | 07/01/23 |
| 60659 | UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM | Y | | 07/01/23 |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE SYSTEM | Y | | 07/01/23 |
| 61630 | INTRACRANIAL ANGIOPLASTY | Y | | |
| 61635 | INTRACRAN ANGIOPLSTY W/STENT | Y | | |
| 61796 | SRS CRANIAL LESION SIMPLE | Y | | |
| 61797 | SRS CRAN LES SIMPLE ADDL | Y | | |
| 61798 | SRS CRANIAL LESION COMPLEX | Y | | |
| 61799 | SRS CRAN LES COMPLEX ADDL | Y | | |
| 61800 | APPLY SRS HEADFRAME ADD-ON | Y | | |
| 61863 | IMPLANT NEUROELECTRODE | Y | Only covered under CA benefit | |
| 61885 | INSRT/REDO NEUROSTIM 1 ARRAY | Y | | |
| 62320 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE | Y | | |
| 62321 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT) | Y | | |
| 62323 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT) | Y | | |
| 62324 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE | Y | | |
| 62325 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT) | Y | | |
| 62326 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE | Y | | |
| 62327 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT) | Y | | |
| 62362 | IMPLANT SPINE INFUSION PUMP | Y | | |
| 62380 | NDSC DCMRPN 1 NTRSPC LUMBAR | Y | | |
| 63003 | REMOVE SPINE LAMINA 1/2 THRC | Y | | |
| 63005 | REMOVE SPINE LAMINA 1/2 LMBR | Y | | |
| 63011 | REMOVE SPINE LAMINA 1/2 SCRL | Y | | |
| 63012 | REMOVE LAMINA/FACETS LUMBAR | Y | | |
| 63015 | REMOVE SPINE LAMINA >2 CRVCL | Y | | |
| 63017 | REMOVE SPINE LAMINA >2 LMBR | Y | | |
| 63030 | LOW BACK DISK SURGERY | Y | | |
| 63035 | SPINAL DISK SURGERY ADD-ON | Y | | |
| 63042 | LAMINOTOMY SINGLE LUMBAR | Y | | |
| 63044 | LAMINOTOMY ADDL LUMBAR | Y | | |
| 63045 | REMOVE SPINE LAMINA 1 CRVL | Y | | |
| 63046 | REMOVE SPINE LAMINA 1 THRC | Y | | |
| 63047 | REMOVE SPINE LAMINA 1 LMBR | Y | | |
| 63048 | REMOVE SPINAL LAMINA ADD-ON | Y | | |
| 63064 | DECOMPRESS SPINAL CORD THRC | Y | | |
| 63081 | REMOVE VERT BODY DCMRPN CRVL | Y | | |
| 63082 | REMOVE VERTEBRAL BODY ADD-ON | Y | | |
| 63087 | REMOV VERTBR DCMRPN THRC/LMBR | Y | | |
| 63190 | INCISE SPINE NRV >2 SEGMENTS | Y | | |
| 63200 | RELEASE SPINAL CORD LUMBAR | Y | | |

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|-------|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|--------------|
| 63620 | SRS SPINAL LESION | Y | | |
| 63621 | SRS SPINAL LESION ADDL | Y | | |
| 63650 | IMPLANT NEUROELECTRODES | Y | | |
| 63661 | REMOVE SPINE ELTRD PERQ ARAY | Y | | |
| 63662 | REMOVE SPINE ELTRD PLATE | Y | | |
| 63663 | REVISE SPINE ELTRD PERQ ARAY | Y | | |
| 63685 | INSRT/REDO SPINE N GENERATOR | Y | | |
| 63688 | REVISE/REMOVE NEURORECEIVER | Y | | |
| 64455 | N BLOCK INJ PLANTAR DIGIT | Y | | |
| 64490 | INJ PARAVERT F JNT C/T 1 LEV | Y | | |
| 64491 | INJ PARAVERT F JNT C/T 2 LEV | Y | | |
| 64492 | INJ PARAVERT F JNT C/T 3 LEV | Y | | |
| 64493 | INJ PARAVERT F JNT L/S 1 LEV | Y | | |
| 64494 | INJ PARAVERT F JNT L/S 2 LEV | Y | | |
| 64495 | INJ PARAVERT F JNT L/S 3 LEV | Y | | |
| 64561 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT] INCLUDING IMAGING GUIDANCE, IF PERFORMED | Y | | 07/01/23 |
| 64581 | OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT] | Y | | 07/01/23 |
| 64611 | CHEMODENERV SALIV GLANDS | Y | | |
| 64612 | DESTROY NERVE FACE MUSCLE | Y | | |
| 64615 | CHEMODENERV MUSC MIGRAINE | Y | | |
| 64616 | CHEMODENERV MUSC NECK DYSTON | Y | | |
| 64617 | CHEMODENERV MUSCLE LARYNX EMG | Y | | |
| 64632 | N BLOCK INJ COMMON DIGIT | Y | | |
| 64633 | DESTROY CERV/THOR FACET JNT | Y | | |
| 64634 | DESTROY C/TH FACET JNT ADDL | Y | | |
| 64635 | DESTROY LUMB/SAC FACET JNT | Y | | |
| 64636 | DESTROY L/S FACET JNT ADDL | Y | | |
| 64642 | CHEMODENERV 1 EXTREMITY 1-4 | Y | | |
| 64643 | CHEMODENERV 1 EXTREM 1-4 EA | Y | | |
| 64644 | CHEMODENERV 1 EXTREM 5/> MUS | Y | | |
| 64645 | CHEMODENERV 1 EXTREM 5/> EA | Y | | |
| 64646 | CHEMODENERV TRUNK MUSC 1-5 | Y | | |
| 64702 | REVISE FINGER/TOE NERVE | Y | | |
| 64704 | REVISE HAND/FOOT NERVE | Y | | |
| 64708 | REVISE ARM/LEG NERVE | Y | | |
| 64712 | REVISION OF SCIATIC NERVE | Y | | |
| 64713 | REVISION OF ARM NERVE(S) | Y | | |
| 64716 | REVISION OF CRANIAL NERVE | Y | | |
| 64718 | REVISE ULNAR NERVE AT ELBOW | Y | | |
| 64719 | REVISE ULNAR NERVE AT WRIST | Y | | |
| 64721 | CARPAL TUNNEL SURGERY | Y | | |
| 64727 | INTERNAL NERVE REVISION | Y | | |
| 64999 | NERVOUS SYSTEM SURGERY | Y | | |
| 65750 | CORNEAL TRANSPLANT | Y | | |
| 65755 | CORNEAL TRANSPLANT | Y | | |
| 65767 | CORNEAL TISSUE TRANSPLANT | Y | | |
| 65770 | REVISE CORNEA WITH IMPLANT | Y | | |
| 65780 | OCULAR RECONST TRANSPLANT | Y | | |
| 65782 | OCULAR RECONST TRANSPLANT | Y | | |
| 66999 | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE | Y | | 07/01/23 |
| 67221 | OCULAR PHOTODYNAMIC THER | Y | | |
| 67299 | UNLISTED PROCEDURE, POSTERIOR SEGMENT | Y | | 07/01/23 |
| 67399 | UNLISTED PX EXTRAOCULAR MUSC | Y | | |
| 67445 | EXPLR/DECOMPRESS EYE SOCKET | Y | | |
| 67505 | INJECT/TREAT EYE SOCKET | Y | | |
| 67599 | UNLISTED PROCEDURE, ORBIT | Y | | 07/01/23 |
| 67900 | REPAIR BROW DEFECT | Y | | 09/01/20 |
| 67901 | REPAIR EYELID DEFECT | Y | | 09/01/20 |

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| 67902 | REPAIR EYELID DEFECT | Y | | 09/01/20 |
| 67903 | REPAIR EYELID DEFECT | Y | | 09/01/20 |
| 67904 | REPAIR EYELID DEFECT | Y | | 09/01/20 |
| 67906 | REPAIR EYELID DEFECT | Y | | 09/01/20 |
| 67908 | REPAIR EYELID DEFECT | Y | | |
| 67911 | REVISE EYELID DEFECT | Y | | 09/01/20 |
| 67912 | CORRECTION EYELID W/IMPLANT | Y | | |
| 67999 | UNLISTED PROCEDURE, EYELIDS | Y | | 07/01/23 |
| 68399 | EYELID LINING SURGERY | Y | | |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SYSTEM | Y | | 07/01/23 |
| 69300 | REVISE EXTERNAL EAR | Y | | |
| 69399 | OUTER EAR SURGERY PROCEDURE | Y | | |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR | Y | | 07/01/23 |
| 69930 | IMPLANT COCHLEAR DEVICE | Y | | |
| 69949 | UNLISTED PROCEDURE, INNER EAR | Y | | 07/01/23 |
| 69979 | UNLISTED PROCEDURE, TEMPORAL BONE | Y | | 07/01/23 |
| 70336 | MAGNETIC IMAGE JAW JOINT | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70540 | MRI ORBIT/FACE/NECK W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70542 | MRI ORBIT/FACE/NECK W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70543 | MRI ORBIT/FACE/NECK W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70544 | MR ANGIOGRAPHY HEAD W/O DYE | C | PA not required if inpatient; required if outpatient | |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE | C | PA not required if inpatient; required if outpatient | |
| 70546 | MR ANGIOGRAPHY HEAD W/O&W/DYE | C | PA not required if inpatient; required if outpatient | |
| 70547 | MR ANGIOGRAPHY NECK W/O DYE | C | PA not required if inpatient; required if outpatient | |
| 70548 | MR ANGIOGRAPHY NECK W/DYE | C | PA not required if inpatient; required if outpatient | |
| 70549 | MR ANGIOGRAPHY NECK W/O&W/DYE | C | PA not required if inpatient; required if outpatient | |
| 70551 | MRI BRAIN STEM W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70552 | MRI BRAIN STEM W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70553 | MRI BRAIN STEM W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70554 | FMRI BRAIN BY TECH | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70555 | FMRI BRAIN BY PHYS/PSYCH | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70557 | MRI BRAIN W/O DYE | C | PA not required if inpatient; required if outpatient | |
| 70558 | MRI BRAIN W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 70559 | MRI BRAIN W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 71550 | MRI CHEST W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 71551 | MRI CHEST W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 71552 | MRI CHEST W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 71555 | MRI ANGIO CHEST W OR W/O DYE | C | PA not required if inpatient; required if outpatient | |
| 72141 | MRI NECK SPINE W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72142 | MRI NECK SPINE W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72146 | MRI CHEST SPINE W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72147 | MRI CHEST SPINE W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72148 | MRI LUMBAR SPINE W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72149 | MRI LUMBAR SPINE W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72156 | MRI NECK SPINE W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72157 | MRI CHEST SPINE W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72158 | MRI LUMBAR SPINE W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72159 | MR ANGIO SPINE W/O&W/DYE | C | PA not required if inpatient; required if outpatient | |
| 72195 | MRI PELVIS W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72196 | MRI PELVIS W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72197 | MRI PELVIS W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 72198 | MR ANGIO PELVIS W/O & W/DYE | Y | | |
| 73218 | MRI UPPER EXTREMITY W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73219 | MRI UPPER EXTREMITY W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73220 | MRI UPPER EXTREMITY W/O&W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73221 | MRI JOINT UPR EXTREM W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73222 | MRI JOINT UPR EXTREM W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73223 | MRI JOINT UPR EXTR W/O&W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73225 | MR ANGIO UPR EXTR W/O&W/DYE | C | PA not required if inpatient; required if outpatient | |

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| 73718 | MRI LOWER EXTREMITY W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73719 | MRI LOWER EXTREMITY W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73720 | MRI LWR EXTREMITY W/O&W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73721 | MRI JNT OF LWR EXTRE W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73722 | MRI JOINT OF LWR EXTR W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73723 | MRI JOINT LWR EXTR W/O&W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 73725 | MR ANG LWR EXT W OR W/O DYE | C | PA not required if inpatient; required if outpatient | |
| 74181 | MRI ABDOMEN W/O DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 74182 | MRI ABDOMEN W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 74183 | MRI ABDOMEN W/O & W/DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 74185 | MRI ANGIO ABDOM W ORW/O DYE | C | PA not required if inpatient; required if outpatient | |
| 74261 | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL | Y | | 12/01/21 |
| 74262 | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL[S] INCLUDING NON-CONTRAST IMAGES, IF PERFORMED | Y | | 12/01/21 |
| 74263 | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING | Y | | 12/01/21 |
| 75557 | CARDIAC MRI FOR MORPH | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 75559 | CARDIAC MRI W/STRESS IMG | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 75561 | CARDIAC MAGNETIC RESONANCE IMAGING (MRI) FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 75563 | CARD MRI W/STRESS IMG & DYE | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 75565 | CARD MRI VELOC FLOW MAPPING | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 76391 | MR ELASTOGRAPHY | Y | | |
| 76496 | FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | Y | | |
| 76497 | COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | Y | | |
| 76498 | MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | Y | | |
| 76499 | RADIOGRAPHIC PROCEDURE | Y | | |
| 77084 | MAGNETIC IMAGE BONE MARROW | C | PA not required for members UNDER 21; Required if OVER 21 | |
| 77371 | SRS MULTISOURCE | Y | | |
| 77372 | SRS LINEAR BASED | Y | | |
| 77373 | SBRT DELIVERY | Y | | |
| 77418 | RADIATION TX DELIVERY IMRT | Y | | |
| 77435 | SBRT MANAGEMENT | Y | | |
| 77600 | HYPERThERmia TREATMENT | C | PA not required if inpatient; required if outpatient | |
| 77605 | HYPERThERmia TREATMENT | C | PA not required if inpatient; required if outpatient | |
| 77610 | HYPERThERmia TREATMENT | C | PA not required if inpatient; required if outpatient | |
| 77615 | HYPERThERmia TREATMENT | C | PA not required if inpatient; required if outpatient | |
| 77620 | HYPERThERmia TREATMENT | C | PA not required if inpatient; required if outpatient | |
| 77787 | HDR BRACHYTX OVER 12 CHAN | Y | | |
| 78012 | THYROID UPTAKE MEASUREMENT | C | PA not required if inpatient; required if outpatient | |
| 78013 | THYROID IMAGING W/BLOOD FLOW | C | PA not required if inpatient; required if outpatient | |
| 78071 | PARATHYRD PLANAR W/NO SUBTRJ | C | PA not required if inpatient; required if outpatient | |
| 78072 | PARATHYRD PLANAR W/SPECT&CT | C | PA not required if inpatient; required if outpatient | |
| 78414 | NON-IMAGING HEART FUNCTION | C | PA not required if inpatient; required if outpatient | |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation | Y | | 3/1/2024 |
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study | Y | | 3/1/2024 |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study | Y | | 3/1/2024 |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study | Y | | 3/1/2024 |
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study | Y | | 3/1/2024 |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET) | Y | | 3/1/2024 |
| 78445 | VASCULAR FLOW IMAGING | C | PA not required if inpatient; required if outpatient | |
| 78451 | HT MUSCLE IMAGE SPECT SING | C | PA not required if inpatient; required if outpatient | |
| 78453 | HT MUSCLE IMAGE PLANAR SING | C | PA not required if inpatient; required if outpatient | |
| 78454 | HT MUSC IMAGE PLANAR MULT | C | PA not required if inpatient; required if outpatient | |
| 78457 | VENOUS THROMBOSIS IMAGING | C | PA not required if inpatient; required if outpatient | |
| 78458 | VEN THROMBOSIS IMAGES BILAT | C | PA not required if inpatient; required if outpatient | |
| 78459 | HEART MUSCLE IMAGING (PET) | C | PA not required if inpatient; required if outpatient | |
| 78466 | HEART INFARCT IMAGE | C | PA not required if inpatient; required if outpatient | |
| 78468 | HEART INFARCT IMAGE (EF) | C | PA not required if inpatient; required if outpatient | |
| 78469 | HEART INFARCT IMAGE (3D) | C | only covered under CA benefit | |
| 78481 | HEART FIRST PASS SINGLE | Y | | |

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| 78483 | HEART FIRST PASS MULTIPLE | Y | | |
| 78491 | HEART IMAGE (PET) SINGLE | Y | only covered under CA benefit | |
| 78492 | HEART IMAGE (PET) MULTIPLE | Y | only covered under CA benefit | |
| 78494 | HEART IMAGE SPECT | Y | | |
| 78496 | HEART FIRST PASS ADD-ON | Y | | |
| 78608 | BRAIN IMAGING (PET) | C | PA not required if inpatient; required if outpatient | |
| 78609 | BRAIN IMAGING (PET) | C | PA not required if inpatient; required if outpatient | |
| 78710 | KIDNEY IMAGING (3D) | C | PA not required if inpatient; required if outpatient | |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) | C | PA not required if inpatient; required if outpatient | |
| 78804 | TUMOR IMAGING WHOLE BODY | C | PA not required if inpatient; required if outpatient | |
| 78807 | NUCLEAR LOCALIZATION/ABSCCESS | C | PA not required if inpatient; required if outpatient | |
| 78811 | PET IMAGE LTD AREA | C | PA not required if inpatient; required if outpatient | |
| 78812 | PET IMAGE SKULL-THIGH | C | PA not required if inpatient; required if outpatient | |
| 78813 | PET IMAGE FULL BODY | C | PA not required if inpatient; required if outpatient | |
| 78814 | PET IMAGE W/CT LMTD | C | PA not required if inpatient; required if outpatient | |
| 78815 | PET IMAGE W/CT SKULL-THIGH | C | PA not required if inpatient; required if outpatient | |
| 78816 | PET IMAGE W/CT FULL BODY | C | PA not required if inpatient; required if outpatient | |
| 78999 | NUCLEAR DIAGNOSTIC EXAM | Y | | |
| 79403 | HEMATOPOIETIC NUCLEAR TX | C | PA not required if inpatient; required if outpatient | |
| 81162 | BRCA1, BRCA2 GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS | Y | | |
| 81163 | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Y | | 01/04/19 |
| 81164 | BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS | Y | | 01/04/19 |
| 81165 | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Y | | 01/04/19 |
| 81166 | BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS | Y | | 01/04/19 |
| 81167 | BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS | Y | | 01/04/19 |
| 81173 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE | Y | | |
| 81174 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT | Y | | |
| 81177 | ATN1 GENE DETC ABNOR ALLELES | Y | | 01/04/19 |
| 81178 | ATXN1 GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81179 | ATXN2 GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81180 | ATXN3 GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81181 | ATXN7 GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81182 | ATXN80S GEN DETC ABNOR ALLEL | Y | | 01/04/19 |
| 81183 | ATXN10 GENE DETC ABNOR ALLEL | Y | | 01/04/19 |
| 81184 | CACNA1A GEN DETC ABNOR ALLEL | Y | | 01/04/19 |
| 81185 | CACNA1A GENE FULL GENE SEQ | Y | | 01/04/19 |
| 81186 | CACNA1A GEN KNOWN FAMIL VRNT | Y | | 01/04/19 |
| 81187 | CNBP GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81188 | CSTB GENE DETC ABNOR ALLELE | Y | | 01/04/19 |
| 81189 | CSTB GENE FULL GENE SEQUENCE | Y | | 01/04/19 |
| 81190 | CSTB GENE KNOWN FAMIL VRNT | Y | | 01/04/19 |
| 81191 | NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS | Y | | 02/14/21 |
| 81192 | NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS | Y | | 02/14/21 |
| 81193 | NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS | Y | | 02/14/21 |
| 81194 | NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS | Y | | 02/14/21 |
| 81201 | APC GENE FULL SEQUENCE | Y | | |
| 81202 | APC GENE KNOWN FAM VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81204 | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE OR METHYLATION STATUS) | Y | | |
| 81206 | BCR/ABL1 GENE MAJOR BP | C | PA not required if inpatient; required if outpatient | |
| 81207 | BCR/ABL1 GENE MINOR BP | C | PA not required if inpatient; required if outpatient | |
| 81208 | BCR/ABL1 GENE OTHER BP | C | PA not required if inpatient; required if outpatient | |
| 81210 | BRAF GENE | C | PA not required if inpatient; required if outpatient | |
| 81212 | BRCA1&2 185&5385&6174 VAR | C | PA not required if inpatient; required if outpatient | |
| 81215 | BRCA1 GENE KNOWN FAM VARIANT | Y | | 01/10/19 |
| 81216 | BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS | Y | | |
| 81217 | BRCA2 GENE KNOWN FAM VARIANT | Y | | 01/10/19 |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) gene analysis, common variant(s) | Y | | 06/01/24 |

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| 81234 | DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES | Y | | |
| 81235 | EGFR GENE COM VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81239 | DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE) | Y | | |
| 81250 | G6PC GENE | C | PA not required if inpatient; required if outpatient | |
| 81256 | HFE GENE | C | PA not required if inpatient; required if outpatient | |
| 81260 | IKBKAP GENE | C | PA not required if inpatient; required if outpatient | |
| 81265 | STR MARKERS SPECIMEN ANAL | C | PA not required if inpatient; required if outpatient | |
| 81266 | STR MARKERS SPEC ANAL ADDL | C | PA not required if inpatient; required if outpatient | |
| 81267 | CHIMERISM ANAL NO CELL SELEC | C | PA not required if inpatient; required if outpatient | |
| 81268 | CHIMERISM ANAL W/CELL SELECT | C | PA not required if inpatient; required if outpatient | |
| 81270 | JAK2 GENE | C | PA not required if inpatient; required if outpatient | |
| 81271 | HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES | Y | | |
| 81272 | KIT GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS | Y | | |
| 81274 | HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE) | Y | | |
| 81278 | IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE | Y | | 04/14/21 |
| 81280 | LONG QT SYND GENE FULL SEQ | C | PA not required if inpatient; required if outpatient | |
| 81281 | LONG QT SYND KNOWN FAM VAR | C | PA not required if inpatient; required if outpatient | |
| 81284 | FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Y | | 01/04/19 |
| 81285 | FXN GENE ANALYSIS CHARACTERIZATION ALLELES | Y | | 01/04/19 |
| 81286 | FXN GENE ANALYSIS FULL GENE SEQUENCE | Y | | 01/04/19 |
| 81287 | MGMT GENE METHYLATION ANAL | C | PA not required if inpatient; required if outpatient | |
| 81288 | MLH1 GENE | C | PA not required if inpatient; required if outpatient | |
| 81289 | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S) | Y | | |
| 81293 | MLH1 GENE KNOWN VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81296 | MSH2 GENE KNOWN VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81299 | MSH6 GENE KNOWN VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81301 | MICROSATELLITE INSTABILITY | C | PA not required if inpatient; required if outpatient | |
| 81306 | NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6) | Y | | |
| 81312 | PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES | Y | | |
| 81315 | PML/RARALPHA COM BREAKPOINTS | C | PA not required if inpatient; required if outpatient | |
| 81316 | PML/RARALPHA 1 BREAKPOINT | C | PA not required if inpatient; required if outpatient | |
| 81318 | PMS2 KNOWN FAMILIAL VARIANTS | C | PA not required if inpatient; required if outpatient | |
| 81321 | PTEN GENE FULL SEQUENCE | C | PA not required if inpatient; required if outpatient | |
| 81322 | PTEN GENE KNOWN FAM VARIANT | C | PA not required if inpatient; required if outpatient | |
| 81323 | PTEN GENE DUP/DELET VARIANT | C | PA not required if inpatient; required if outpatient | |
| 81327 | SEPT9 METHYLATION ANALYSIS | Y | CareAdvantage only code | |
| 81331 | SNRPN/UBE3A GENE | C | PA not required if inpatient; required if outpatient | |
| 81336 | SMN1 GENE FULL GENE SEQUENCE | Y | | |
| 81337 | SMN1 GEN NOWN FAMIL SEQ VRNT | Y | | |
| 81338 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R) | Y | | 04/14/21 |
| 81339 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10 | Y | | 04/14/21 |
| 81340 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLIFICATION METHODOLOGY (EG, POLYMERASE CHAIN REACTION) | Y | | 12/01/21 |
| 81341 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT) | Y | | 12/01/21 |
| 81342 | TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S) | Y | | 12/01/21 |
| 81343 | PPP2R2B GEN DETC ABNOR ALLEL | Y | | 01/04/19 |
| 81344 | TBP GENE DETC ABNOR ALLELES | Y | | 01/04/19 |
| 81345 | TERT GENE TARGETED SEQ ALYS | Y | | 01/04/19 |
| 81351 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE | Y | | 04/14/21 |
| 81352 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY) | Y | | 04/14/21 |
| 81353 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT | Y | | 04/14/21 |
| 81371 | HLA I & II TYPE VERIFY LR | C | PA not required if inpatient; required if outpatient | |
| 81372 | HLA I TYPING COMPLETE LR | C | PA not required if inpatient; required if outpatient | |
| 81373 | HLA I TYPING 1 LOCUS LR | C | PA not required if inpatient; required if outpatient | |
| 81374 | HLA I TYPING 1 ANTIGEN LR | C | PA not required if inpatient; required if outpatient | |

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| 81375 | HLA II TYPING AG EQUIV LR | C | PA not required if inpatient; required if outpatient | |
| 81376 | HLA II TYPING 1 LOCUS LR | C | PA not required if inpatient; required if outpatient | |
| 81377 | HLA II TYPE 1 AG EQUIV LR | C | PA not required if inpatient; required if outpatient | |
| 81378 | HLA I & II TYPING HR | C | PA not required if inpatient; required if outpatient | |
| 81379 | HLA I TYPING COMPLETE HR | C | PA not required if inpatient; required if outpatient | |
| 81380 | HLA I TYPING 1 LOCUS HR | C | PA not required if inpatient; required if outpatient | |
| 81382 | HLA II TYPING 1 LOC HR | C | PA not required if inpatient; required if outpatient | |
| 81383 | HLA II TYPING 1 ALLELE HR | C | PA not required if inpatient; required if outpatient | |
| 81400 | MOPATH PROCEDURE LEVEL 1 | C | PA not required if inpatient; required if outpatient | |
| 81401 | MOPATH PROCEDURE LEVEL 2 | C | PA not required if inpatient; required if outpatient | |
| 81402 | MOPATH PROCEDURE LEVEL 3 | C | PA not required if inpatient; required if outpatient | |
| 81403 | MOPATH PROCEDURE LEVEL 4 | C | PA not required if inpatient; required if outpatient | |
| 81404 | MOPATH PROCEDURE LEVEL 5 | C | PA not required if inpatient; required if outpatient | |
| 81405 | MOPATH PROCEDURE LEVEL 6 | Y | | 12/01/21 |
| 81406 | MOPATH PROCEDURE LEVEL 7 | C | PA not required if inpatient; required if outpatient | |
| 81407 | MOPATH PROCEDURE LEVEL 8 | C | PA not required if inpatient; required if outpatient | |
| 81408 | MOPATH PROCEDURE LEVEL 9 | C | PA not required if inpatient; required if outpatient | |
| 81412 | ASHKENAZI JEWISH ASSOC DIS | Y | CareAdvantage only code | |
| 81413 | CAR ION CHNNLPATH INC 10 GNS | Y | | |
| 81414 | CAR ION CHNNLPATH INC 2 GNS | Y | | |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2 | Y | | 04/14/21 |
| 81422 | FETAL CHRMOML MICRODEL TJ | Y | CareAdvantage only code | |
| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 81426 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure) | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 81432 | HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, AND TP53 | Y | | 01/07/20 |
| 81433 | HRDTRY BRST CA-RLATD DSORDRS | Y | CareAdvantage only code | |
| 81434 | HEREDITARY RETINAL DISORDERS | Y | CareAdvantage only code | |
| 81435 | HEREDITARY COLON CANCER | Y | | |
| 81436 | HEREDITARY COLON CA SYND | Y | | |
| 81437 | HEREDTRY NURONDCRN TUM DSRDR | Y | CareAdvantage only code | |
| 81438 | HEREDTRY NURONDCRN TUM DSRDR | Y | CareAdvantage only code | |
| 81439 | INHERITED CARDMYPHXY 5 GNS | Y | | |
| 81440 | NUCLEAR ENCODED MITOCHONDRIAL GENES | Y | | 04/14/21 |
| 81442 | NOONAN SPECTRUM DISORDERS | Y | CareAdvantage only code | |
| 81445 | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES | Y | | 02/01/21 |
| 81455 | GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES | Y | | 01/07/19 |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | Y | | 3/1/2024 |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | Y | | 3/1/2024 |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | Y | | 3/1/2024 |
| 81460 | WHOLE MITOCHONDRIAL GENOME | Y | | 04/14/21 |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | Y | | 3/1/2024 |
| 81465 | WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL | Y | | 04/14/21 |
| 81479 | MOLECULAR PATHOLOGY PROCEDURE | Y | | |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHR | Y | CareAdvantage only code | |
| 81493 | COR ARTERY DISEASE MRNA | Y | CareAdvantage only code | |
| 81500 | ONCO (OVAR) TWO PROTEINS | Y | | |
| 81503 | ONCO (OVAR) FIVE PROTEINS | Y | | |
| 81506 | ENDO ASSAY SEVEN ANAL | Y | | |
| 81508 | FTL CGEN ABNOR TWO PROTEINS | Y | | |
| 81509 | FTL CGEN ABNOR 3 PROTEINS | Y | | |
| 81510 | FTL CGEN ABNOR THREE ANAL | Y | | |

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| 81511 | FTL CGEN ABNOR FOUR ANAL | Y | | |
| 81512 | FTL CGEN ABNOR FIVE ANAL | Y | | |
| 81518 | ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY | Y | | |
| 81519 | ONCOLOGY BREAST MRNA | Y | | |
| 81523 | Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis | Y | | 3/1/2022 |
| 81525 | ONCOLOGY COLON MRNA | Y | CareAdvantage only code | |
| 81538 | ONCOLOGY LUNG | Y | CareAdvantage only code | |
| 81539 | ONCOLOGY PROSTATE PROB SCORE | Y | CareAdvantage only code | |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN | Y | CareAdvantage only code | |
| 81541 | ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE | Y | | 01/07/20 |
| 81542 | ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE | Y | | 01/07/20 |
| 81545 | ONCOLOGY THYROID | Y | | |
| 81546 | ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS) | Y | | 04/14/21 |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA | Y | | |
| 81599 | UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS | Y | | 01/07/20 |
| 82166 | Anti-mullerian hormone (AMH) | Y | | 3/1/2024 |
| 83894 | MOLECULE GEL ELECTROPHOR | Y | | |
| 83898 | MOLECULE NUCLEIC AMPLI EACH | Y | | |
| 83900 | MOLECULE NUCLEIC AMPLI 2 SEQ | Y | | |
| 83906 | MOLECULE MUTATION IDENTIFY | Y | | |
| 83909 | NUCLEIC ACID HIGH RESOLUTE | Y | | |
| 83913 | MOLECULAR RNA STABILIZATION | Y | | |
| 83914 | MUTATION IDENT OLA/SBCE/ASPE | Y | | |
| 84401 | TESTOSTERONE BIOAVAILABLE | Y | CareAdvantage only code | |
| 84999 | CHEMISTRY PROCEDURE | Y | | |
| 86003 | ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH ALLERGEN | C | Authorization required for over 50 units | |
| 86586 | SKIN TEST, UNLISTED | Y | | |
| 86711 | JOHN CUNNINGHAM ANTIBODY | C | PA not required if inpatient; required if outpatient | |
| 86828 | HLA CLASS I&II ANTIBODY QUAL | C | PA not required if inpatient; required if outpatient | |
| 86829 | HLA CLASS I/II ANTIBODY QUAL | C | PA not required if inpatient; required if outpatient | |
| 86830 | HLA CLASS I PHENOTYPE QUAL | C | PA not required if inpatient; required if outpatient | |
| 86831 | HLA CLASS II PHENOTYPE QUAL | C | PA not required if inpatient; required if outpatient | |
| 86832 | HLA CLASS I HIGH DEFIN QUAL | C | PA not required if inpatient; required if outpatient | |
| 86833 | HLA CLASS II HIGH DEFIN QUAL | C | PA not required if inpatient; required if outpatient | |
| 86834 | HLA CLASS I SEMIQUANT PANEL | C | PA not required if inpatient; required if outpatient | |
| 86835 | HLA CLASS II SEMIQUANT PANEL | C | PA not required if inpatient; required if outpatient | |
| 86849 | IMMUNOLOGY PROCEDURE | Y | | |
| 86999 | TRANSFUSION PROCEDURE | Y | | |
| 87483 | CNS DNA AMP PROBE TYPE 12-25 | Y | | |
| 87902 | GENOTYPE DNA/RNA HEP C | Y | | |
| 87910 | GENOTYPE CYTOMEGALOVIRUS | C | PA not required if inpatient; required if outpatient | |
| 87912 | GENOTYPE DNA HEPATITIS B | C | PA not required if inpatient; required if outpatient | |
| 87999 | MICROBIOLOGY PROCEDURES | Y | | |
| 88230 | TISSUE CULTURE LYMPHOCYTE | C | Auth required for CCS members | |
| 88245 | CHROMOSOME ANALYSIS 20-25 | C | Auth required for CCS members | |
| 88248 | CHROMOSOME ANALYSIS 50-100 | C | Auth required for CCS members | |
| 88249 | CHROMOSOME ANALYSIS 100 | C | Auth required for CCS members | |
| 88261 | CHROMOSOME ANALYSIS 5 | C | Auth required for CCS members | |
| 88262 | CHROMOSOME ANALYSIS 15-20 | C | Auth required for CCS members | |
| 88263 | CHROMOSOME ANALYSIS 45 | C | Auth required for CCS members | |
| 88264 | CHROMOSOME ANALYSIS 20-25 | C | Auth required for CCS members | |
| 88267 | CHROMOSOME ANALYS PLACENTA | C | Auth required for CCS members | |
| 88369 | M/PHMTRC ALYSISHQUANT/SEMIQ | C | Auth required for CCS members | |

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| 88749 | UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE | Y | | 07/01/23 |
| 89398 | UNLISTED REPROD MED LAB PROC | Y | | |
| 90473 | IMMUNE ADMIN ORAL/NASAL | Y | | |
| 90474 | IMMUNE ADMIN ORAL/NASAL ADDL | Y | | |
| 90749 | VACCINE OR TOXOID INJECTION OR INFUSION PROCEDURE | Y | only covered under CA benefit | |
| 90846 | FAMILY PSYTX W/O PATIENT | C | PA required if more than 12 visits per calendar year are requested. Visits 1 through 12 in a given calendar year do not require PA. | 02/01/21 |
| 90847 | FAMILY PSYTX W/PATIENT | C | PA required if more than 12 visits per calendar year are requested. Visits 1 through 12 in a given calendar year do not require PA. | 02/01/21 |
| 90867 | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT | Y | Only Covered under CA Benefit | 09/01/20 |
| 90868 | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION | Y | Only Covered under CA Benefit | 09/01/20 |
| 90869 | TCRAN MAGN STIM REDETERMINE | Y | Only covered under CA benefit. | 09/01/20 |
| 90870 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING) | Y | | |
| 90899 | PSYCHIATRIC SERVICE/THERAPY | Y | | |
| 91110 | GI TRACT CAPSULE ENDOSCOPY | Y | | |
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | Y | | 3/1/2022 |
| 91200 | Liver elastography, mechanically induced shear wave, without imaging, with interpretation and report | Y | | 11/01/22 |
| 92017 | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE | Y | | 09/01/21 |
| 92072 | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATONCONUS, INITIAL FITTING | Y | | 09/01/21 |
| 92242 | FLUORESCIN ICG ANGIOGRAPHY | Y | | |
| 92310 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA | Y | | 09/01/21 |
| 92311 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE | Y | | 09/01/21 |
| 92312 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES | Y | | 09/01/21 |
| 92507 | SPEECH/HEARING THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 92508 | SPEECH/HEARING THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 92521 | EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING) | C | PA not required if in acute inpatient; required if outpatient, skilled or LTC | |
| 92522 | EVALUATION OF SPEECH SOUND PRODUCTION | Y | | |
| 92523 | EVALUATION OF SPEECH SOUND PRODUCTION | Y | | |
| 92524 | BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE | C | PA not required if in acute inpatient; required if outpatient, skilled or LTC | |
| 92526 | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | C | PA not required if in acute inpatient; required if outpatient, skilled or LTC | |
| 92597 | EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH | C | PA not required if in acute inpatient; required if outpatient, skilled or LTC | |
| 92607 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR | Y | | |
| 92609 | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION | Y | | |
| 92700 | OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE | Y | | |
| 92997 | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel | Y | | 03/01/23 |
| 93229 | REMOTE 30 DAY ECG TECH SUPP | Y | | |
| 93799 | CARDIOVASCULAR SERVICE OR PROCEDURE | Y | | |
| 93982 | ANEURYSM PRESSURE SENS STUDY | Y | | |
| 93998 | UNLISTED NON-INVASIVE VASCULAR DIAGNOSTIC STUDY | Y | | 07/01/23 |
| 94799 | PULMONARY SERVICE/PROCEDURE | Y | | |
| 95012 | EXHALED NITRIC OXIDE MEAS | Y | | 01/10/19 |
| 95808 | POLYSOM ANY AGE 1-3> PARAM | Y | | |
| 95999 | DIAGNOSTIC NEUROLOGICAL OR NEUROMUSCULAR PROCEDURE | Y | | |
| 96105 | ASSESSMENT OF APHASIA AND COGNITIVE PERFORMANCE TESTING. | Y | | 09/01/20 |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; FIRST HOUR | Y | | 09/01/20 |
| 96121 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | 09/01/20 |
| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING | Y | only covered under CA benefit | |
| 96130 | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR | Y | | 09/01/20 |

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| 96131 | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Y | | 09/01/20 |
| 96379 | UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION | Y | | 07/01/23 |
| 96904 | WHOLE BODY PHOTOGRAPHY | Y | | |
| 96913 | PHOTOCHEMOTHERAPY UV-A OR B | Y | | |
| 96922 | Laser Treatment for inflammatory skin disease over 500 sq cm | Y | | 11/01/22 |
| 96999 | DERMATOLOGICAL PROCEDURE, UNLISTED | Y | | 07/01/23 |
| 97010 | HOT OR COLD PACKS THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97012 | MECHANICAL TRACTION THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97014 | ELECTRIC STIMULATION THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97016 | VASOPNEUMATIC DEVICE THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97018 | PARAFFIN BATH THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97022 | WHIRLPOOL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97024 | DIATHERMY EG MICROWAVE | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97026 | INFRARED THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97028 | ULTRAVIOLET THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97032 | ELECTRICAL STIMULATION | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97033 | ELECTRIC CURRENT THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97034 | CONTRAST BATH THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97035 | ULTRASOUND THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97036 | HYDROTHERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97039 | UNLISTED MODALITY | Y | | 07/01/23 |
| 97110 | THERAPEUTIC EXERCISES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97112 | NEUROMUSCULAR REEDUCATION | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97113 | AQUATIC THERAPY/EXERCISES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97116 | GAIT TRAINING THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97124 | MASSAGE THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED PROCEDURE | Y | | 07/01/23 |
| 97140 | MANUAL THERAPY 1/> REGIONS | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97150 | GROUP THERAPEUTIC PROCEDURES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97161 | PT EVAL LOW COMPLEX 20 MIN | C | PA required: Member < 21; SNF/LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) or in acute inpatient. | 02/01/21 |
| 97162 | PT EVAL MOD COMPLEX 30 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97163 | PT EVAL HIGH COMPLEX 45 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97164 | PT RE-EVAL EST PLAN CARE | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97165 | OT EVAL LOW COMPLEX 30 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97166 | OT EVAL MOD COMPLEX 45 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |

| Code | Description | PA* | Comments | Date Updated |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 97167 | OT EVAL HIGH COMPLEX 60 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97168 | OT RE-EVAL EST PLAN CARE | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient | 02/01/21 |
| 97530 | THERAPEUTIC ACTIVITIES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97532 | COGNITIVE SKILLS DEVELOPMENT | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| 97533 | SENSORY INTEGRATION | Y | | |
| 97535 | SELF CARE MNGMENT TRAINING | Y | only covered under CA benefit | |
| 97537 | COMMUNITY/WORK REINTEGRATION | Y | only covered under CA benefit | |
| 97542 | WHEELCHAIR MNGMENT TRAINING | Y | only covered under CA benefit | |
| 97545 | WORK HARDENING | Y | only covered under CA benefit | |
| 97546 | WORK HARDENING ADD-ON | Y | only covered under CA benefit | |
| 97799 | PHYSICAL MEDICINE PROCEDURE | Y | | |
| 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS | C | Authorization required after 24 visits | 10/01/23 |
| 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS | C | Authorization required after 24 visits | 10/01/23 |
| 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS | C | Authorization required after 24 visits | 10/01/23 |
| 99152 | Moderate (Conscious) Sedation | Y | | 11/01/22 |
| 99183 | PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION | Y | | |
| 99429 | PREVENTIVE MEDICINE SERVICE | Y | | |
| 99455 | WORK RELATED DISABILITY EXAM | Y | only covered under CA benefit | |
| 99456 | DISABILITY EXAMINATION | Y | only covered under CA benefit | |
| 99499 | UNLISTED E&M SERVICE | Y | | |
| 99500 | HOME VISIT PRENATAL | Y | | |
| 99503 | HOME VISIT RESP THERAPY | Y | | |
| 99504 | HOME VISIT MECH VENTILATOR | Y | | |
| 99505 | HOME VISIT STOMA CARE | Y | | |
| 99506 | HOME VISIT IM INJECTION | Y | | |
| 99507 | HOME VISIT CATH MAINTAIN | Y | | |
| 99509 | HOME VISIT DAY LIFE ACTIVITY | Y | | |
| 99510 | HOME VISIT SING/M/FAM COUNS | Y | | |
| 99511 | HOME VISIT FECAL/ENEMA MGMT | Y | | |
| 99512 | HOME VISIT FOR HEMODIALYSIS | Y | | |
| 99600 | HOME VISIT SERVICE OR PROCEDURES | Y | | 01/01/21 |
| 99601 | HOME INFUSION/VISIT 2 HRS | Y | | |
| 99602 | HOME INFUSION EACH ADDTL HR | Y | | |
| 0018U | ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY | Y | | 04/14/21 |
| 0022U | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND RNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND REARRANGEMENTS, REPORTED AS PRESENCE/ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER | Y | | 04/14/21 |
| 0026U | ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE, LOW PROBABILITY OF MALIGNANCY") | Y | | 04/14/21 |
| 0034U | TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM), GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) | Y | | 04/14/21 |
| 0035U | NEUROLOGY (PRION DISEASE), CEREBROSPINAL FLUID, DETECTION OF PRION PROTEIN BY QUAKING-INDUCED CONFORMATIONAL CONVERSION, QUALITATIVE | Y | | 04/14/21 |
| 0037U | TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN | Y | | 04/14/21 |
| 0047U | ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE | Y | | 04/14/21 |
| 0094U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 0168U | FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA WITHOUT FETAL FRACTION CUTOFF, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY | Y | | 04/14/21 |
| 0169U | NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE SMETHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS | Y | | 04/14/21 |
| 0172U | ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFINEMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE | Y | | 04/14/21 |
| 0177U | ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS | Y | | 04/14/21 |

| Code | Description | PA* | Comments | Date Updated |
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| 0204U | ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED | Y | | 04/14/21 |
| 0212U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 0213U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) | C | Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit. | 3/1/2022 |
| 0231U | CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0232T | INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED | Y | | 10/01/23 |
| 0232U | CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0233U | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0234U | MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0235U | PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0236U | SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS | Y | | 04/14/21 |
| 0237U | CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Y | | 04/14/21 |
| 0239U | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS | Y | | 04/14/21 |
| 0242U | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, AND GENE REARRANGEMENTS | Y | | 09/01/21 |
| 0244U | ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR-MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE | Y | | 09/01/21 |
| 0245U | ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE | Y | | 09/01/21 |
| 0268U | HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID | Y | | 12/01/21 |
| 0269U | HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID | Y | | 12/01/21 |
| 0275T | PERQ LAMOT/LAM LUMBAR | Y | | |
| 0276U | HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID | Y | | 12/01/21 |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants | Y | | 3/1/2022 |
| 0287U | Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high) | Y | | 3/1/2022 |
| 0326U | targeted genomic sequence analysis | Y | | 06/01/24 |
| 0448U | Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options | Y | | 06/01/24 |
| 0504T | COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT | Y | | 01/01/20 |
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis | Y | | 3/1/2022 |
| A0130 | Non-emergency transportation: wheel-chair van | C | Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides | 03/01/24 |
| A0380 | BLS mileage (per mile) (use for wheelchair and litter van transports only) | C | Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides | 03/01/24 |
| A0425 | Ground mileage, per statute mile (use for ambulance transports only) | C | Requires authorization when combined with a transport code where an authorization is required. For example, ambulance service for non-emergency transport. | |
| A0428 | Ambulance service, basic life support, non-emergency transport (BLS) | C | Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides | 03/01/24 |
| A0434 | Specialty care transport (SCT) | C | Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides | 03/01/24 |
| A0999 | UNLISTED AMBULANCE SERVICE | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|--------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A2001 | InnovaMatrix AC, per sq cm | Y | | 3/1/2022 |
| A2002 | Mirragen Advanced Wound Matrix, per sq cm | Y | | 3/1/2022 |
| A2003 | Bio-Connekt Wound Matrix | Y | | 3/1/2022 |
| A2004 | XCelliStem, per sq cm | Y | | 3/1/2022 |
| A2005 | Microlyte Matrix, per sq cm | Y | | 3/1/2022 |
| A2006 | NovoSorb SynPath dermal matrix, per sq cm | Y | | 3/1/2022 |
| A2007 | Restrata, per sq cm | Y | | 3/1/2022 |
| A2008 | TheraGenesis, per sq cm | Y | | 3/1/2022 |
| A2009 | Symphony, per sq cm | Y | | 3/1/2022 |
| A2010 | Apis, per sq cm | Y | | 3/1/2022 |
| A2011 | Supra SDRM, per sq cm | Y | | 07/01/22 |
| A2012 | SUPRATHEL, per sq cm | Y | | 07/01/22 |
| A2013 | Innovamatrix FS, per sq cm | Y | | 07/01/22 |
| A2014 | Omeza Collagen Matrix, per 100 mg | Y | | 12/01/22 |
| A2015 | Phoenix Wound Matrix, per sq cm | Y | | 12/01/22 |
| A2016 | PermeaDerm B, per sq cm | Y | | 12/01/22 |
| A2018 | PermeaDerm C, per sq cm | Y | | 12/01/22 |
| A2019 | KERECIS OMEGA3 MARIGEN SHIELD, PER SQ CM | Y | | 07/01/23 |
| A2020 | ACS ADVANCED WOUND SYSTEM (AC5) | Y | | 07/01/23 |
| A2021 | NEOMATRIX, PER SQ CM | Y | | 07/01/23 |
| A2026 | Restrata MiniMatrix, 5 mg | Y | | 06/01/24 |
| A4100 | Skin substitute, FDA-cleared as a device, not otherwise specified | Y | | 07/01/22 |
| A4239 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY | Y | 1 unit = 1 month supply | 01/01/23 |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | Y | | 06/01/24 |
| A4335 | IC supply, misc (Washes) | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| A4520 | Incontinence garment, any type | Y | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| A4554 | Disposable underpads all sizes | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| A4913 | MISC DIALYSIS SUPPLIES | Y | | |
| A4927 | Gloves non-sterile per 100 | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| A5500 | DIAB SHOE FOR DENSITY INSERT | Y | | |
| A5501 | DIABETIC CUSTOM MOLDED SHOE | Y | | |
| A5503 | DIABETIC SHOE W/ROLLER/ROCKR | Y | | |
| A5504 | DIABETIC SHOE WITH WEDGE | Y | | |
| A5505 | DIAB SHOE W/METATARSAL BAR | Y | | |
| A5506 | DIABETIC SHOE W/OFF SET HEEL | Y | | |
| A5507 | MODIFICATION DIABETIC SHOE | Y | | |
| A5512 | MULTI DEN INSERT DIRECT FORM | Y | | |
| A5513 | MULTI DEN INSERT CUSTOM MOLD | Y | | |
| A6250 | Skin sealnt protct moisutrzr ointment | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| A6501 | COMPRES BURNGARMENT BODYSUIT | Y | | |
| A6502 | COMPRES BURNGARMENT CHINSTRP | Y | | |
| A6503 | COMPRES BURNGARMENT FACEHOOD | Y | | |
| A6504 | CMPRSBURNGARMENT GLOVE-WRIST | Y | | |
| A6505 | CMPRSBURNGARMENT GLOVE-ELBOW | Y | | |
| A6506 | CMPRSBURNGRMNT GLOVE-AXILLA | Y | | |
| A6507 | CMPRS BURNGARMENT FOOT-KNEE | Y | | |
| A6508 | CMPRS BURNGARMENT FOOT-THIGH | Y | | |
| A6509 | COMPRES BURN GARMENT JACKET | Y | | |
| A6510 | COMPRES BURN GARMENT LEOTARD | Y | | |
| A6511 | COMPRES BURN GARMENT PANTY | Y | | |
| A6512 | COMPRES BURN GARMENT, NOC | Y | | |
| A6513 | COMPRESS BURN MASK FACE/NECK | Y | | |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | Y | | 3/1/2024 |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | Y | | 3/1/2024 |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | Y | | 3/1/2024 |

| Code | Description | PA* | Comments | Date Updated |
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| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | Y | | 3/1/2024 |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | Y | | 3/1/2024 |
| A6544 | GC STOCKING GARTER BELT | Y | Not covered by CA | |
| A6545 | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH | Y | | 04/14/21 |
| A6549 | G COMPRESSION STOCKING | Y | Not covered by CA | |
| A6553 | Gradient compression stocking, below knee, 30-40 mm Hg, custom, each | Y | | 3/1/2024 |
| A6555 | Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each | Y | | 3/1/2024 |
| A6556 | Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each | Y | | 3/1/2024 |
| A6557 | Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each | Y | | 3/1/2024 |
| A6558 | Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each | Y | | 3/1/2024 |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each | Y | | 3/1/2024 |
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each | Y | | 3/1/2024 |
| A6561 | Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each | Y | | 3/1/2024 |
| A6562 | Gradient compression stocking, waist length, 18-30 mm Hg, custom, each | Y | | 3/1/2024 |
| A6563 | Gradient compression stocking, waist length, 30-40 mm Hg, custom, each | Y | | 3/1/2024 |
| A6564 | Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each | Y | | 3/1/2024 |
| A6565 | Gradient compression gauntlet, custom, each | Y | | 3/1/2024 |
| A6567 | Gradient compression garment, neck/head, custom, each | Y | | 3/1/2024 |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | Y | | 3/1/2024 |
| A6571 | Gradient compression garment, genital region, custom, each | Y | | 3/1/2024 |
| A6573 | Gradient compression garment, toe caps, custom, each | Y | | 3/1/2024 |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | Y | | 3/1/2024 |
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | Y | | 3/1/2024 |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | Y | | 3/1/2024 |
| A6579 | Gradient compression glove, custom, medium weight, each | Y | | 3/1/2024 |
| A6580 | Gradient compression glove, custom, heavy weight, each | Y | | 3/1/2024 |
| A6610 | Gradient compression stocking, below knee, 18-30 mm Hg, custom, each | Y | | 3/1/2024 |
| A7020 | INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY | Y | | 02/01/21 |
| A8000 | SOFT PROTECT HELMET PREFAB | Y | | |
| A8001 | HARD PROTECT HELMET PREFAB | Y | | |
| A8002 | SOFT PROTECT HELMET CUSTOM | Y | | |
| A8003 | HARD PROTECT HELMET CUSTOM | Y | | |
| A8004 | REPL SOFT INTERFACE, HELMET | Y | | |
| A9152 | SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE | Y | | |
| A9276 | DISPOSABLE SENSOR, CGM SYS | Y | | |
| A9277 | EXTERNAL TRANSMITTER, CGM | Y | | |
| A9278 | EXTERNAL RECEIVER, CGM SYS | Y | | |
| A9284 | NON-ELECTRONIC SPIROMETER | Y | | |
| A9513 | LUTETIUM LU 177 DOTATAT THER | Y | | 01/04/19 |
| A9574 | Air polymer-type A intrauterine foam, 0.1 ml | Y | | 07/01/22 |
| A9590 | Iodine I-131 iobenguane, 1 mCi | Y | | 06/01/24 |
| A9592 | COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MCI | Y | | 09/01/21 |
| A9593 | GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCSF), 1 MILLICURIE | Y | | 09/01/21 |
| A9594 | GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCLA), 1 MILLICURIE | Y | | 09/01/21 |
| A9595 | Piflufolastat f-18, diagnostic, 1 mCi | Y | | 3/1/2022 |
| A9596 | Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi | Y | | 11/01/22 |
| A9597 | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED | Y | | |
| A9598 | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED | Y | | |
| A9599 | RADIOPHA DX BETA AMYLOID PET | Y | | |
| A9601 | Flortaucipir F 18 injection, diagnostic, 1 mCi | Y | | 11/01/22 |
| A9602 | Fluorodopa f-18, diagnostic, per mCi | Y | | 12/01/22 |
| A9604 | SM 153 LEXIDRONAM | Y | | |
| A9606 | RADIUM RA223 DICHLORIDE THER | Y | | 01/10/19 |
| A9607 | Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi | Y | | 12/01/22 |
| A9800 | Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi | Y | | 12/01/22 |
| A9900 | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | |
| A9999 | DME SUPPLY OR ACCESSORY, NOS | Y | | |
| B4102 | EF ADULT FLUIDS AND ELECTRO | Y | | |

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| B4104 | ADDITIVE FOR ENTERAL FORMULA | Y | | |
| B4149 | EF BLENDERIZED FOODS | Y | | |
| B4150 | EF COMPLET W/INTACT NUTRIENT | Y | | |
| B4152 | EF CALORIE DENSE>=1.5KCAL | Y | | |
| B4153 | EF HYDROLYZED/AMINO ACIDS | Y | | |
| B4154 | EF SPEC METABOLIC NONINHERIT | Y | | |
| B4155 | EF INCOMPLETE/MODULAR | Y | | |
| B4157 | EF SPECIAL METABOLIC INHERIT | Y | | |
| B9000 | ENTER INFUSION PUMP W/O ALRM | Y | | |
| C1849 | SKIN SUBSTITUTE, SYNTHETIC, RESORBABLE, PER SQ CM | Y | | 02/01/21 |
| C2616 | BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE | Y | | 02/01/21 |
| C9047 | Injection, caplacizumab-yhdp, 1 mg | Y | | 11/01/22 |
| C9056 | INJECTION, GIVOSIRAN, 0.5 MG | Y | | 01/07/20 |
| C9059 | INJECTION, MELOXICAM, 1 MG | Y | | 02/01/21 |
| C9060 | FLUOROESTRADIOL F18, DIAGNOSTIC, 1 MCI | Y | | 02/01/21 |
| C9063 | INJECTION, EPTINEZUMAB-JJMR, 1 MG | Y | | 02/01/21 |
| C9066 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG | Y | | 02/01/21 |
| C9067 | GALLIUM GA-68, DOTATOC, DIAGNOSTIC, 0.01 MCI | Y | | 02/01/21 |
| C9074 | INJECTION, LUMASIRAN, 0.5 MG | Y | | 09/01/21 |
| C9085 | Injection, avalglucosidase alfa-ngpt, 4 mg | Y | | 3/1/2022 |
| C9086 | Injection, anifrolumab-fnia, 1 mg | Y | | 3/1/2022 |
| C9087 | Injection, cyclophosphamide, (AuroMedics), 10 mg | Y | | 3/1/2022 |
| C9088 | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg | Y | | 3/1/2022 |
| C9094 | Injection, sutimlimab-jome, 10 mg | Y | | 11/01/22 |
| C9095 | Injection, tebentafusp-tebn, 1 mcg | Y | | 11/01/22 |
| C9096 | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg | Y | | 11/01/22 |
| C9097 | Injection, faricimab-svoa, 0.1 mg | Y | | 11/01/22 |
| C9098 | Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Y | | 11/01/22 |
| C9101 | Injection, oliceridine, 0.1 mg | Y | | 03/01/23 |
| C9142 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg | Y | | 12/01/22 |
| C9146 | MIRVETUXIMAB SORAVTANSINE-GYNX (ELAHERETM) | Y | | 07/01/23 |
| C9149 | TEPLIZUMAB-MZWV (TZIELDTM) | Y | | 07/01/23 |
| C9152 | Aripiprazole (Abilify Asimtufii®) | Y | | 3/1/2024 |
| C9157 | Tofersen (QALSODY™) | Y | | 3/1/2024 |
| C9158 | Risperidone (UZEDY™) | Y | | 3/1/2024 |
| C9166 | Injection, secukinumab, IV, 1 mg | Y | | 06/01/24 |
| C9168 | Injection, mirikizumab-mrkz, 1 mg | Y | | 06/01/24 |
| C9293 | Injection, glucarpidase, 10 units | Y | | 11/01/22 |
| C9363 | SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ CM | Y | | 11/01/22 |
| C9399 | DRUGS OR BIOLOGICALS | Y | | |
| C9408 | IODINE I-131 IOBENGUANE, THERAPEUTIC, 1 MILLICURIE | Y | | 01/07/19 |
| C9454 | INJ, PASIREOTIDE LONG ACTING | Y | | |
| C9457 | LUMASON CONTRAST AGENT | Y | | |
| C9462 | Injection, delafloxacin, 1 mg | Y | | 11/01/22 |
| C9481 | INJECTION, RESLIZUMAB, 1MG | Y | Medi-Cal only code | |
| C9482 | INJECTION, SOTALOL HYDROCHLORIDE, 1MG | Y | Medi-Cal only code | |
| C9483 | INJECTION, ATEZOLIZUMAB, 10MG | Y | Medi-Cal only code | |
| C9485 | INJECTION, OLARATUMAB, 10 MG | Y | | |
| C9486 | INJECTION, GRANISETRON EXT RELEASE, 0.1 MG | Y | | |
| C9487 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | Y | | |
| C9488 | INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG | Y | | |
| C9489 | INJECTION, NUSINERSEN, 0.1MG, TO TREAT SPINAL MUSCULAR ATROPHY | Y | | |
| C9490 | INJECTION, BEZLOTOXUMAB, 10MG, USED FOR PREVENTION OF RECURRENCE OF CLOSTRIDIUM DIFFICILE INFECTIONS | Y | | |
| C9739 | CYSTOSCOPY PROSTATIC IMP 1-3 | Y | | |
| C9740 | CYSTO IMPL 4 OR MORE | Y | | |
| C9772 | REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES), WITH INTRAVASCULAR LITHOTRIPSY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED | Y | | 04/14/21 |
| C9773 | REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIPSY, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED | Y | | 04/14/21 |

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| C9774 | REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIPSY AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED | Y | | 04/14/21 |
| C9775 | REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIPSY AND TRANSLUMINAL STENT PLACEMENT(S), AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED | Y | | 04/14/21 |
| D0600 | NON-IONIZING DIAG PROC | Y | CareAdvantage only code | |
| D1575 | DIST SPACE MAINT, FIXED UNIL | Y | CareAdvantage only code | |
| E0105 | CANE QUAD/3-PRONG ALL MATL W/TIPS | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0110 | CRTCHES FORARM VARIOUS MATL PAIR | Y | | |
| E0112 | CRTCHS UNDARM WOOD PAIR ADJUSTBL/FIX | Y | | |
| E0117 | CRTCH UNDERARM ARTIC SPRNG ASSTD EA | Y | | |
| E0130 | WALKER RIGID ADJUSTBLE/FIXED HEIGHT | Y | | |
| E0135 | WALKER FOLDING ADJUSTBLE/FIX HEIGHT | Y | | |
| E0140 | WALK W/TRNK SUPP ADJUSTBL/FIX HT | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0141 | WALKER RIGID WHEELD ADJUSTBL/FIX HT | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0144 | WALKER ENCLCS 4 SIDE WHL POST SEAT | Y | | |
| E0157 | CRUTCH ATTACHMENT WALKER EACH | Y | | |
| E0158 | LEG EXTENSIONS WALKER PER SET FOUR | Y | | |
| E0159 | BRAKE ATTCH WHEELED WALK REPLCMT EA | Y | | |
| E0165 | COMMODE CHAIR WITH DETACHABLE ARMS | Y | | |
| E0167 | PAIL/PAN USE W/COMMODE CHAIR REPL | Y | | |
| E0168 | COMMODE CHAIR XTRA WIDE&/HEVY DUTY | Y | | |
| E0170 | COMMODE CHAIR SEAT LIFT MECH ELEC | Y | | |
| E0171 | COMMODE CHAIR SEAT LIFT MCH NONELEC | Y | | |
| E0181 | PWR PRESS RED MATTRESS PAD W/PUMP | Y | | |
| E0182 | PUMP ALTERNATING PRESSURE PAD REPL | Y | | |
| E0184 | DRY PRESSURE MATTRESS | Y | | |
| E0185 | GEL/GEL-LIKE PRSS PAD MATTRSS STD | Y | | |
| E0186 | AIR PRESSURE MATTRESS | Y | | |
| E0187 | WATER PRESSURE MATTRESS | Y | | |
| E0188 | SYNTHETIC SHEEPSKIN PAD | Y | | |
| E0189 | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0193 | POWERED AIR FLOTATION BED | Y | | |
| E0194 | AIR FLUIDIZED BED | Y | | |
| E0196 | GEL PRESSURE MATTRESS | Y | | |
| E0197 | AIR PRSS PAD MATTRSS STD LEN&WDTH | Y | | |
| E0198 | WATR PRSS PAD MATTRSS STD LEN&WDTH | Y | | |
| E0199 | DRY PRSS PAD MATTRSS STD LEN&WDTH | Y | | |
| E0210 | ELECTRIC HEAT PAD STANDARD | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0240 | BATH/SHOWER CHAIR W/WO WHLS ANY SZ | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0241 | BATHTUB WALL RAIL EACH | Y | Not covered by CA | |
| E0242 | BATHTUB RAIL FLOOR BASE | Y | Not covered by CA | |
| E0243 | TOILET RAIL EACH | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0244 | RAISED TOILET SEAT | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0245 | TUB STOOL OR BENCH | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0246 | TRANSFER TUB RAIL ATTACHMENT | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0247 | TRNSF BENCH TUB/TOILET W/WO COMMODE | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0248 | TRNSF BENCH HEVY DUTY TUB/TOILET | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0260 | HOSPITAL BED | Y | | |
| E0271 | MATTRESS INNER SPRING | Y | | |
| E0272 | MATTRESS FOAM RUBBER | Y | | |
| E0273 | BED BOARD | Y | Not covered by CA | |
| E0277 | POWER PRESSURE-REDUCING AIR MATTRSS | Y | | |
| E0291 | HOS BED FIX HT W/O RAIL W/O MATTRSS | Y | | |
| E0293 | HOS BED VARIBL HT W/O RAIL/MATTRSS | Y | | |
| E0295 | HOS BED SEMI-ELEC W/O RAIL/MATTRSS | Y | | |
| E0297 | HOS BED TOT ELEC W/O RAIL/MATTRSS | Y | | |
| E0300 | PED CRIB HOS GRADE ENC W/WO TOP ENC | Y | | |
| E0303 | HOS BED HEVY DUTY WT CAP >350<=600 | Y | | |
| E0304 | HOS BED XTRA HD WT CAP>600 MTRSS | Y | | |
| E0305 | BEDSIDE RAILS HALF-LENGTH | Y | | |

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| E0310 | BEDSIDE RAILS FULL-LENGTH | Y | | |
| E0316 | SFTY ENCLDS FRME/CANOPY W/HOSP BED | Y | | |
| E0328 | HOSP BED PED MANUAL INCL MATTRESS | Y | | |
| E0329 | HOSP BED PED ELECTRIC INCL MATTRESS | Y | | |
| E0350 | CNTRL U ELEC BOWEL IRRIG/EVAC SYS | Y | | |
| E0352 | DISPBL PACK W/ELEC BOWEL IRRIG/EVAC | Y | | |
| E0371 | NONPWR PRSS RDUC OVRLAY MATTRESS STD | Y | | |
| E0372 | PWR AIR OVRLAY MATTRESS STD LEN&WDTH | Y | | |
| E0373 | NONPWR ADVD PRESS REDUCING MATTRESS | Y | | |
| E0424 | STATION COMPRS GASOUS O2 SYS RENT; | Y | | |
| E0425 | STATION COMPRS GAS SYS PURCHASE; | Y | | |
| E0430 | PRTBLE GASEOUS O2 SYS PURCHASE; | Y | | |
| E0431 | PRTBLE GASEOUS O2 SYS RENTAL; | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0433 | PORTBL LIQ O2 SYS RENT; HOME LIQUIF | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0434 | PRTBLE LIQUID O2 SYS RENTAL; | Y | | |
| E0435 | PRTBLE LIQUID O2 SYS PURCHASE; | Y | | |
| E0439 | STATION LIQUID O2 SYS RENTAL; | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0440 | STATION LIQUID O2 SYS PURCHASE; | Y | | |
| E0441 | STATIONARY O2 CONT GAS 1 MO SPL=1 U | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0442 | STATIONARY O2 CONT LQD 1 MO SPL=1 U | Y | | |
| E0443 | PORTBL O2 CONTENT GAS 1 MO SPL= 1 U | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0444 | PORTBL O2 CONTENT LIQ 1 MO SPL=1 U | Y | | |
| E0445 | OXIMETER MSR BLD O2 LEVEL NON-INVASV | Y | | |
| E0465 | HOME VENT INVASIVE INTERFACE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0466 | HOME VENT NON-INVASIVE INTER | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0470 | RESP ASST DEVC BI-LEVEL PRSS CAPABIL | Y | | |
| E0471 | RESP ASST DEVC BI-LEVEL PRSS CAPABIL | Y | | |
| E0472 | RESP ASST DEVC BI-LEVEL PRSS CAPABIL | Y | | |
| E0480 | PERCUSSOR ELEC/PNEUMAT HOME MODEL | Y | | |
| E0481 | INTRAPULM PERCUSS VENT SYS&REL ACSS | Y | Not covered by CA | |
| E0482 | COUGH STIM DEVC ALTRNAT POS&NEG | Y | | |
| E0483 | HI FREQ CHST WALL AIR-PULSE GEN EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0484 | OSCILLAT POS EXPIRTORY PRSS NO-ELEC | Y | | |
| E0487 | SPIROMETER ELECTRONIC INCL ACCESS | Y | | |
| E0555 | HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL | Y | | |
| E0561 | HUMDIFIR NON-HEAT USED W/POS AIRWAY | Y | | |
| E0562 | HUMDIFIR HEAT USED W/POS ARWAY PRSS | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0565 | COMPRS AIR PWR EQP NOT SLF-CONTAINED | Y | | |
| E0600 | RESP SUCTN PUMP HOME MODEL ELEC | Y | | |
| E0601 | CONTINUOUS POS AIRWAY PRESSURE DEVC | Y | | |
| E0604 | BREAST PUMP HEVY DUTY HOSP GRADE | Y | | |
| E0605 | VAPORIZER ROOM TYPE | Y | | |
| E0607 | HOME BLOOD GLUCOSE MONITOR | Y | | |
| E0616 | IMPL CARD EVNT REC MEM ACTVTR&PRGMR | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0618 | APNEA MONITOR W/O RECORDING FEATURE | Y | | |
| E0619 | APNEA MONITOR W/RECORDING FEATURE | Y | | |
| E0621 | SLING/SEAT PT LIFT CANVAS/NYLON | Y | | |
| E0625 | PATIENT LIFT BATHROOM OR TOILET NOC | Y | Not covered by CA | |
| E0627 | SEAT LIFT MECH COMB LIFT-CHAIR MECH | Y | CareAdvantage only code | |
| E0629 | SEAT LIFT MECH NON-ELECTRIC ANY TYP | Y | CareAdvantage only code | |
| E0630 | PATIENT LIFT HYRAULIC/MECH | Y | | |
| E0635 | PATIENT LIFT ELECTRIC W/SEAT/SLING | Y | | |
| E0637 | COMB SIT STAND FRAME/TABLE SEATLIFT | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| E0638 | STAND FRAME/TABLE SYS 1 POS ANY SZ | Y | Not covered by CA | |
| E0639 | PT LIFT MOVEABLE DISASSMBL&REASSMBL | Y | | |
| E0641 | STAND FRAME/TABLE SYS MX-POS ANY SZ | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0642 | STAND FRAME/TABLE SYS MOBILE ANY SZ | Y | | |
| E0650 | PNEUMAT COMPRS NONSEG HOME MODEL | Y | | |
| E0651 | PNEUMAT COMPRS NO CALBRT GRDNT PRSS | Y | | |

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| E0655 | NONSEG PNEUMAT APPLINC HALF ARM | Y | | |
| E0656 | SEG PNEUMAT APPLINC W/COMPRS TRUNK | Y | | |
| E0657 | SEG PNEUMAT APPLINC W/COMPRS CHEST | Y | | |
| E0660 | NONSEG PNEUMAT APPLINC FULL LEG | Y | | |
| E0665 | NONSEG PNEUMAT APPLINC FULL ARM | Y | | |
| E0666 | NONSEG PNEUMAT APPLINC HALF LEG | Y | | |
| E0667 | SEG PNEUMAT APPLINC COMPRS FULL LEG | Y | | 06/01/24 |
| E0668 | SEG PNEUMAT APPLINC COMPRS FULL ARM | Y | | |
| E0669 | SEG PNEUMAT APPLINC COMPRS HALF LEG | Y | | |
| E0670 | SEG PNEU APPL P C INT 2 F LEG TRNK | Y | | |
| E0671 | SEG GRAD PRSS PNUMAT APPLNC FUL LEG | Y | | |
| E0672 | SEG GRAD PRSS PNUMAT APPLNC FUL ARM | Y | | |
| E0673 | SEG GRAD PRSS PNUMAT APPLNC HLF LEG | Y | | |
| E0705 | TRANSFER DEVICE ANY TYPE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0710 | RESTRAINT ANY TYPE | Y | | |
| E0720 | TENS DEVICE 2 LEAD LOCALIZED STIM | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0730 | TENS DEVICE 4/> LEADS MX NERVE STIM | Y | | |
| E0747 | OSTOGENS STIM NONINVASV NOT SP APPLC | Y | Modifier KF required | 12/01/23 |
| E0748 | OSTOGENS STIM NONINVASV SP APPLIC | Y | Modifier KF required | 12/01/23 |
| E0760 | OSTOGENS STIM LW INTENS US NONINVASV | Y | Modifier KF required | 12/01/23 |
| E0766 | ELEC STM DVC CA TX ALL ACC ANY TYPE | Y | Modifier KF required | 12/01/23 |
| E0770 | FES TRANSQ STIM NERV&/MUSC CMLP NOS | Y | | |
| E0779 | AMB INFUS PUMP MECH INFUS 8 HR/> | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0780 | AMB INFUS PUMP MECH INFUS < 8 HR | Y | | |
| E0781 | AMB INFUS PUMP 1/MX CHANNL W/ADMIN | Y | | |
| E0783 | INFUS PUMP SYSTEM IMPL PROGMABLE | Y | | |
| E0784 | EXTERNAL AMB INFUSION PUMP INSULIN | Y | | |
| E0785 | IMPLANT INTRASPINL CATH PUMP-REPL | Y | | |
| E0786 | IMPLNT PROGRAM INFUSION PUMP-REPL | Y | | |
| E0791 | PAR INFUS PUMP STAT SINGLE/MXCHANNEL | Y | | |
| E0840 | TRACTION FRAME HEADBOARD CERV TRACT | Y | | |
| E0849 | TRAC EQP CERV FREESTND FRME PNEUMAT | Y | | |
| E0850 | TRACT STAND FREESTAND CERV TRACT | Y | | |
| E0860 | TRACTION EQUIPMENT OVERDOOR CERV | Y | | |
| E0870 | TRACT FRAME FOOTBOARD EXTREM TRACT | Y | | |
| E0880 | TRACT STAND FREESTAND EXTREM TRACT | Y | | |
| E0890 | TRAC FRAME ATTCH FOOTBRD PELV TRAC | Y | | |
| E0900 | TRACT STAND FREESTAND PELV TRACT | Y | | |
| E0910 | TRAPEZ BAR PT HLPRT ATTCH BED W/GRAB | Y | | |
| E0911 | TRAPEZ BAR PT WT >250 LBS BED GRAB | Y | | |
| E0912 | TRAPEZ BAR PT WT >250 LBS FREE STND | Y | | |
| E0920 | FX FRAME ATTCH BED INCL WEIGHTS | Y | | |
| E0930 | FX FRAME FREESTANDING INCL WEIGHTS | Y | | |
| E0935 | CONT PSV MOT EXER DEVC KNEE ONLY | Y | | |
| E0936 | CONT PASS MOTION EXER DEVC NOT KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0940 | TRAPEZ BAR FREESTND CMLP W/GRAB BAR | Y | | |
| E0942 | CERVICAL HEAD HARNESS/HALTER | Y | | |
| E0944 | PELVIC BELT/HARNESS/BOOT | Y | | |
| E0945 | EXTREMITY BELT/HARNESS | Y | | |
| E0947 | FX FRAME ATTCH CMLPX PELV TRAC | Y | | |
| E0948 | FX FRAME ATTCH CMLPX CERV TRAC | Y | | |
| E0950 | WHEELCHAIR ACCESSORY TRAY EACH | Y | | |
| E0951 | HEEL LOOP/HOLDER ANY TYPE EACH | Y | | |
| E0955 | WC ACSS HEADREST CUSHND HARDWARE EA | Y | | |
| E0956 | WC ACSS LAT TRNK/HIP HARDWARE EA | Y | | |
| E0957 | WC ACSS MED THI SUPP HARDWARE EA | Y | | |
| E0958 | MNL WC ACCESS 1-ARM DRIVE ATTCH EA | Y | | |
| E0959 | MNL WC ACSS ADAPTER FOR AMPUTEE EA | Y | | |
| E0960 | WC ACSS SHLDR HRNSS/STRAPS/CHST STR | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|-------------------------------------|-----|------------------------------------------------------------------|--------------|
| E0961 | MNL WC ACCESS WHL LOCK BRAKE EXT EA | Y | | |
| E0966 | MNL WC ACCESS HEADREST EXTENSION EA | Y | | |
| E0967 | MANUAL WC ACCESS HAND RIM W/PROJ EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0970 | NO 2 FOOTPLATES EXCEPT ELEV LEGREST | Y | | |
| E0971 | MNL WC ACSS ANTI-TIPPING DEVC EA | Y | | |
| E0973 | WC ACSS ADJ HT DTACH ARMST EA | Y | | |
| E0974 | MNL WC ACCESS ANTI-ROLLBACK DEVC EA | Y | | |
| E0978 | WC ACSS PSTN/SFTY BELT/PELV STRP EA | Y | | |
| E0981 | WC ACSS SEAT UPHLSTER REPL ONLY EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0982 | WC ACSS BACK UPHLSTER REPL ONLY EA | Y | | |
| E0983 | MNL WC ACSS PWR ADD-ON CNVRT MNL WC | Y | | |
| E0984 | MNL WC ACSS PWR ADD-ON CNVRT MNL WC | Y | | |
| E0985 | WHEELCHAIR ACCESS SEAT LIFT MECH | Y | | |
| E0986 | MNL WC ACSS PSH-RM ACT PWR ASST SYS | Y | | |
| E0988 | MNL WC ACSS LEVR-ACT WHL DRIVE PAIR | Y | | |
| E0990 | WC ACSS ELEV LEG REST CMPL ASSMBL | Y | | |
| E0992 | MNL WHLCHAIR ACSS SOLID SEAT INSRT | C | PA required for ages 21 and under; not required for ages over 21 | |
| E0995 | WHEELCHAIR ACCESS CALF REST/PAD EA | Y | | |
| E1002 | WC ACSS PWR SEATING SYS TILT ONLY | Y | | |
| E1003 | WC ACSS RECLINE ONLY NO SHEAR RDUC | Y | | |
| E1004 | WC ACSS RECLINE W/MECH SHEAR RDUC | Y | | |
| E1005 | WC ACSS RECLINE W/PWR SHEAR RDUC | Y | | |
| E1006 | WC ACSS TILT&RECLINE NO SHEAR RDUC | Y | | |
| E1007 | WC ACSS TILT&RECLIN MECH SHEAR RDUC | Y | | |
| E1008 | WC ACSS TILT&RECLINE PWR SHEAR RDUC | Y | | |
| E1009 | WC ACSS MECH LINKD LEG ELEV EA | Y | | |
| E1010 | WC ACSS PWR LEG ELEV SYS PAIR | Y | | |
| E1011 | MOD PED SIZE WC WIDTH ADJ PACKAGE | Y | | |
| E1012 | CTR MOUNT PWR ELEV LEG REST | Y | | |
| E1014 | RECLIN BACK ADD PED SIZE WHLCHAIR | Y | | |
| E1015 | SHOCK ABSORBER MANUAL WHEELCHAIR EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1016 | SHOCK ABSORBER POWER WHEELCHAIR EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1017 | HEAVY DUTY SHOCK ABSORBR MNL WC EA | Y | | |
| E1018 | HEAVY DUTY SHOCK ABSORBR PWR WC EA | Y | | |
| E1020 | RES LIMB SUP SYS WHEELCHAIR ANY TYP | Y | | |
| E1028 | WC ACSS MANL SWINGAWAY OTH CNTRL | Y | | |
| E1029 | WHEELCHAIR ACCESS VENT TRAY FIX | Y | | |
| E1030 | WHLCHAIR ACCESS VENT TRAY GIMBALED | Y | | |
| E1031 | ROLLABOUT CHAIR W/CASTRS 5 IN/GT | Y | | |
| E1035 | MX-PSTN PT TRNSF SYS PT <= 300 LBS | Y | | |
| E1036 | MX-PSTN PT TRNSF SYS PT > 300 LBS | Y | | |
| E1037 | TRANSPORT CHAIR PEDIATRIC SIZE | Y | | |
| E1038 | TRNSPRT CHAIR PT WT CAP TO= 300 LB | Y | | |
| E1039 | TRNSPRT CHAIR ADLT PT WT CAP>300 LB | Y | | |
| E1161 | MANUAL ADLT SZ WC INCL TILT SPACE | Y | | |
| E1220 | WHEELCHAIR; SPCL SIZED/CONSTRUCTED | Y | | |
| E1225 | WC ACCESS MNL SEMIRECLINING BACK EA | Y | | |
| E1226 | WC ACCESS MNL FULL RECLIN BACK EA | Y | | |
| E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR | Y | | |
| E1229 | WHEELCHAIR PEDIATRIC SIZE NOS | Y | | |
| E1230 | PWR OP VEH SPEC BRAND&MODEL NUMBER | Y | | |
| E1231 | WC PED SZ TILT-IN-SPACE RIGD W/SEAT | Y | | |
| E1232 | WC PED SZ TILT-IN-SPACE FOLD W/SEAT | Y | | |
| E1233 | WC PED SZ TILT-IN-SPCE RIGD NO SEAT | Y | | |
| E1234 | WC PED SZ TILT-IN-SPCE FOLD NO SEAT | Y | | |
| E1235 | WC PED SZ RIGD ADJUSTBL W/SEAT SYS | Y | | |
| E1236 | WC PED SZ FOLD ADJUSTBL W/SEAT SYS | Y | | |
| E1237 | WC PED SZ RIGD ADJUSTBL NO SEAT SYS | Y | | |
| E1238 | WC PED SZ FOLD ADJUSTBL NO SEAT SYS | Y | | |

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|-------|--------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|--------------|
| E1239 | POWER WHEELCHAIR PEDIATRIC SIZE NOS | Y | | |
| E1296 | SPECIAL WHEELCHAIR SEAT HT FROM FLR | Y | | |
| E1297 | SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1298 | SPCL WHLCHAIR SEAT DPTH&/WIDTH CNSTR | Y | | |
| E1353 | REGULATOR | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1354 | O2 ACCESS CART PRTBLE CYL/CONC REPL | Y | | |
| E1355 | STAND/RACK | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1356 | O2 ACCESS BTRY PACK/CRTDRGE REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1357 | O2 ACCESS BATTERY CHARGER REPL EA | Y | | |
| E1358 | O2 ACCESS DC POWER ADAPTER REPL EA | Y | | |
| E1390 | O2 CONC 85%>/O2 CONC PRSC FLW RATE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1391 | O2 CONC 2 DEL 85%>/O2 CONC FLW RATE | Y | | |
| E1392 | PORTABLE OXYGEN CONCENTRATOR RENTAL | C | PA required for ages 21 and under; not required for ages over 21 | |
| E1399 | DME MISCELLANEOUS | Y | | |
| E1810 | DYN ADJUSTABLE KNEE EXT/FLX DEVC | Y | | |
| E1902 | CMNCT BD NON-ELEC AUG/ALTERN TV DEVC | Y | | |
| E2000 | GASTR SUCTN PUMP HOME MODEL ELEC | Y | | |
| E2100 | BLD GLU MON INTEGRT VOICE SYNTHESZR | Y | | |
| E2101 | BLD GLU MON INTGRT LANCING/BLD SAMP | Y | | |
| E2102 | Adjunctive continuous glucose monitor or receiver | Y | | 07/01/22 |
| E2103 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM. | Y | | 01/01/23 |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | Y | | 06/01/24 |
| E2202 | MNL WC ACSS SEAT WIDTH 24-27 IN | Y | | |
| E2203 | MNL WC ACSS SEAT DEPTH 20 < 11 IN | Y | | |
| E2204 | MNL WC ACSS SEAT DEPTH 22-25 IN | Y | | |
| E2205 | MNL WC HANDRIM W/O PROJ REPL EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2206 | MNL WC ACSS WHL LOCK ASSMBL CMLP EA | Y | | |
| E2207 | WHLCHAIR ACCESS CRUTCH&CANE HLDR EA | Y | | |
| E2208 | WHEELCHAIR ACCESS CYL TANK CARR EA | Y | | |
| E2209 | ARM TROUGH W/WO HAND SUPPORT EACH | Y | | |
| E2210 | WC ACCESS BEARINGS ANY TYPE REPL EA | Y | | |
| E2211 | MNL WC ACCESS PNEUMAT PROPULSN TIRE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2212 | MNL WC TUBE PNEUMAT PROPULSION TIRE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2213 | MNL WC INSRT PNEUMAT PROPULSN TIRE | Y | | |
| E2214 | MNL WC ACCESS PNEUMAT CASTER TIRE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2215 | MNL WC ACSS TUBE PNEUMAT CASTR TIRE | Y | | |
| E2218 | MNL WC ACSS FOAM PROPULSION TIRE | Y | | |
| E2219 | MNL WC ACSS FOAM CASTER TIRE ANY SZ | Y | | |
| E2220 | MNL WC ACCESS SOLID PROPULSION TIRE | Y | | |
| E2221 | MNL WHLCHAIR ACSS SOLID CASTER TIRE | Y | | |
| E2222 | MNL WC SOLID CASTR TIRE INTGR WHL | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2224 | MNL WC PROPULSION WHL EXCLD TIRE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2225 | MNL WC CASTR WHL EXCLD TIRE REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2226 | MNL WC ACSS CASTR FORK REPL ONLY | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2227 | MNL WC GEAR RED DRIVE WHEEL EACH | Y | | |
| E2228 | MNL WC WHL BRAKE SYS&LOCK COMPL EA | Y | | |
| E2231 | MNL WC ACCESS SOLID SEAT SUPP BASE | Y | | |
| E2291 | BACK PLANR PED WC FIX ATTCH HARDWRE | Y | | |
| E2292 | SEAT PLANR PED WC FIX ATTCH HARDWRE | Y | | |
| E2293 | BACK CONTRD PED WC ATTCH HARDWARE | Y | | |
| E2294 | SEAT CONTRD PED WC ATTCH HARDWARE | Y | | |
| E2295 | MNL WC ACCESS PED SIZE WC SEAT FRME | Y | | |
| E2301 | WHEELCHAIR ACC PWR STND SYS ANY TYP | Y | | |
| E2310 | PWR WC ACSS ELEC CNCT BETWN WC CNTR | Y | | |
| E2311 | PWR WC ACSS ELEC CNCT BETWN WC CNTR | Y | | |
| E2312 | POWER WC HAND/CHIN CONTRL INTERFACE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2313 | POWER AC HARNESS UPGRD EXP CONTRLLR | Y | | |
| E2321 | PWR WC ACSS HND CNTRL NO PRPRTNL | Y | | |
| E2322 | PWR WC ACSS MX MECH SWTCH NOPRRTNL | Y | | |

| Code | Description | PA* | Comments | Date Updated |
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| E2323 | PWR WC ACSS SPCLTY JOYSTCK HND PRFB | Y | | |
| E2324 | PWR WC ACSS CHIN CUP CHIN CNTRL INT | Y | | |
| E2325 | PWR WC ACSS SIP&PUFF NONPRPTNL | Y | | |
| E2326 | PWR WC ACSS BREATH TUBE KIT SIP&PUF | Y | | |
| E2327 | PWR WC ACSS HEAD CNTRL MECH PRPRTNL | Y | | |
| E2328 | PWR WC ACSS HEAD/EXT ELEC PRPRTNL | Y | | |
| E2329 | PWR WC ACSS CNTC SWTCH NOPRPTNL | Y | | |
| E2330 | PWR WC ACSS PROX SWTCH NOPRPTNL | Y | | |
| E2331 | PWR WC ACSS ATDANT CNTRL PROPRTNL | Y | | |
| E2340 | POWER WC NONSTAND SEAT WD 20-23 IN | Y | | |
| E2341 | PWR WC ACSS NONSTD SEAT W 24-27 IN | Y | | |
| E2342 | PWR WC NONSTD SEAT DEPTH 20/21 IN | Y | | |
| E2343 | PWR WC NONSTD SEAT DEPTH 22-25 IN | Y | | |
| E2351 | PWR WC ACSS ELEC OP SPCH GEN DEVC | Y | | |
| E2358 | PWR WC GRP 34 NONSEALED LA BATT EA | Y | | |
| E2359 | PWR WC GRP 34 SEALED LA BATT EA | Y | | |
| E2360 | PWR WC ACSS 22 NF NON-SEALED BATTERY | Y | | |
| E2361 | PWR WC ACSS 22NF SEALED LEAD BATTERY | Y | | |
| E2362 | PWR WC ACSS GRP 24 NON-SEALED BATT | Y | | |
| E2363 | PWR WC ACSS GRP 24 SEALED BATTERY | Y | | |
| E2364 | PWR WC ACSS U-1 NON-SEALED BATTERY | Y | | |
| E2365 | PWR WC ACSS U-1 SEALED BATTERY | Y | | |
| E2366 | PWR WC ACSS BATTERY CHARGER 1 MODE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2367 | PWR WC ACSS BATTERY CHARGER DUL MODE | C | PA required for ages 21 and under; not required for ages over 21. Medi-Cal only benefit | 07/01/23 |
| E2368 | PWR WC CMPNT DR WHEEL MTR REPL ONLY | Y | | |
| E2369 | PWR WC CMPNNT DR WHL GR BX RPL ONLY | Y | | |
| E2370 | P WC CMP INT DR WHL MTR&GB CMB RPL | Y | | |
| E2371 | PWR WC GRP 27 SEALED LEAD ACID BATT | Y | | |
| E2372 | PWR WC GRP 27 NONSEAL LED ACID BATT | Y | | |
| E2373 | PWR WC MINI COMPACT REMOTE JOYSTICK | Y | | |
| E2374 | PWR WC STANDRD REMOTE JOYSTICK REPL | Y | | |
| E2375 | PWR WC NONEXPANDBLE CONTROLLER REPL | Y | | |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPL | Y | | |
| E2377 | PWR WC EXPANDBL CONTROLLER UPGRADE | Y | | |
| E2378 | POWER WC CMPNT ACTUATOR REPL ONLY | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2381 | PWR WC PNEUMATIC WHEEL TIRE REPL EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2382 | PWR WC TUBE WHEEL TIRE REPL EA | Y | | |
| E2383 | PWR WC INSERT WHEEL TIRE REPL EA | Y | | |
| E2384 | PWR WC PNEUMATIC CASTR TIRE REPL EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2385 | PWR WC TUBE CASTER TIRE REPL EA | Y | | |
| E2386 | PWR WC FOAM FILL WHEEL TIRE REPL EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2387 | PWR WC FOAM FILL CASTR TIRE REPL EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2388 | PWR WC FOAM WHEEL TIRE REPL ONLY EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2389 | PWR WC FORM CASTER TIRE REPL EACH | Y | | |
| E2390 | PWR WC SOLID WHEEL TIRE REPL EACH | Y | | |
| E2391 | PWR WC SOLID CASTER TIRE REPL EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2392 | PWR WC S CASTR TIRE INTEGRT REPL EA | Y | | |
| E2394 | PWR WC DRIVE WHEEL EXCL TIRE REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2395 | PWR WC CASTER WHEEL EXCL TIRE REPL | Y | | |
| E2396 | PWR WC CASTER FORK REPL ONLY EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2397 | POWER WC LITHIUM BASED BATTERY EACH | Y | | |
| E2402 | NEGATIVE PRESSURE WOUND THERAPY PUMP | Y | | |
| E2500 | SPEECH GEN DEV DIGTIZD<=/8 MINS REC | Y | | |
| E2502 | SPCH GEN DEVC DGTZD>8<= 20 MINS REC | Y | | |
| E2504 | SPCH GEN DEVC DGTZD>20<=/40 MIN REC | Y | | |
| E2506 | SPCH GEN DEVC DIGTIZD>40 MINS REC | Y | | |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS | Y | | |
| E2510 | SPCH GEN DVC SYNTHSIZD MX METH MESS | Y | | |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM | Y | | |

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| E2512 | ACSS SPCH GEN DEVICE MOUNTING SYS | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2599 | ACCESS SPEECH GENERATING DEVICE NOC | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2601 | GEN WC SEAT CUSHN WIDTH < 22 DEPTH | Y | | |
| E2602 | GEN WC SEAT CSHN WDTH 22 IN/GT DPTH | Y | | |
| E2603 | SKN PROTCT WC SEAT WDTH<22IN DPTH | Y | | |
| E2604 | SKN PROTECT WC SEAT WDTH 22 IN/GT | Y | | |
| E2605 | PSTN WC SEAT CUSHN WIDTH < 22 DEPTH | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2606 | PSTN WC SEAT CSHN WDTH 22IN/GT DPTH | Y | | |
| E2607 | SKN PROTCT&PSTN WC SEAT WDTH <22IN | Y | | |
| E2608 | SKN PROTCT&PSTN WC SEAT WDTH 22IN/> | Y | | |
| E2609 | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2610 | WHEELCHAIR SEAT CUSHION POWERED | Y | | |
| E2611 | GEN WC BACK CUSHN WIDTH < 22 IN HT | Y | | |
| E2612 | GEN WC BACK CUSHN WIDTH 22 IN/GT HT | Y | | |
| E2613 | PSTN WC BACK CUSHN POST WDTH <22 IN | Y | | |
| E2614 | PSTN WC BACK CUSHN POST WD 22 IN/> | Y | | |
| E2615 | PSTN WC BACK CUSHN POSTLAT WD<22 IN | Y | | |
| E2616 | PSTN WC BACK CUSH POSTLAT WD 22IN/> | Y | | |
| E2617 | CSTM FAB WC BACK CUSHION ANY SIZE | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2619 | REPL COVER WC SEAT/BACK CUSHN EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| E2620 | PSTN WC BACK CUSHN PLANAR WD <22 IN | Y | | |
| E2621 | PSTN WC BACK CUSHN PLANAR WD 22IN/> | Y | | |
| E2622 | SKIN PROTECT WC CUSH WIDTH <22 IN | Y | | |
| E2623 | SKIN PROTECT WC CUSH WIDTH 22 IN/> | Y | | |
| E2624 | SKIN PROTCT&POSITION WC CUSH WD <22 | Y | | |
| E2625 | SKIN PROTCT&POSITION WC CUSH W 22/> | Y | | |
| E2626 | WC SHLDR ELB MOBL ARM SUPP ADJUSTBL | Y | | |
| E2627 | WC SHLDR ELB M SUPP ADJUSTBL RANCHO | Y | | |
| E2628 | WC SHLDR ELB MOBIL SUPP RECLINING | Y | | |
| E2629 | WC SHLDR ELB M SUPP FRICTN ARM SUPP | Y | | |
| E2630 | WC SHLDR ELB M SUP MONOSUSP ARM HND | Y | | |
| E2631 | WC ADD MOBIL ARM SUPP ELEV PROX ARM | Y | | |
| E2632 | WC ADD MOBIL SUP OFFSET/LAT RCKR ARM | Y | | |
| E2633 | WC ACSS ADD MOBIL ARM SUPP SUPINATR | Y | | |
| E8000 | GAIT TRAINER PED SZ POST SUPP | Y | | |
| E8001 | GAIT TRAINER PED SZ UPRIGHT SUPP | Y | | |
| E8002 | GAIT TRAINER PED SZ ANT SUPP | Y | | |
| G0088 | PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF ANTI-INFECTIVE, PAIN MANAGEMENT, CHELATION, PULMONARY HYPERTENSION, INOTROPIC, OR OTHER INTRAVENOUS INFUSION DRUG OR BIOLOGICAL (EXCLUDING CHEMOTHERAPY OR OTHER HIGHLY COMPLEX DRUG OR BIOLOGICAL) FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MIN | Y | | 04/14/21 |
| G0089 | PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY OR OTHER SUBCUTANEOUS INFUSION DRUG OR BIOLOGICAL FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MIN | Y | | 04/14/21 |
| G0127 | TRIM NAIL(S) | Y | Only covered under CA benefit. | 11/01/22 |
| G0128 | CORF SKILLED NURSING SERVICE | Y | | |
| G0151 | HHCP-SERV OF PT,EA 15 MIN | Y | | 01/01/21 |
| G0152 | HHCP-SERV OF OT,EA 15 MIN | Y | | 01/01/21 |
| G0153 | HHCP-SVS OF S/L PATH,EA 15MN | Y | | 01/01/21 |
| G0154 | HHCP-SVS OF RN,EA 15 MI | Y | | 01/01/21 |
| G0155 | HHCP-SVS OF CSW,EA 15 MIN | Y | | 01/01/21 |
| G0156 | HHCP-SVS OF AIDE,EA 15 MIN | Y | | 01/01/21 |
| G0157 | HHC PT ASSISTANT EA 15 | Y | | 01/01/21 |
| G0158 | HHC OT ASSISTANT EA 15 | Y | | 01/01/21 |
| G0159 | HHC PT MAINT EA 15 MIN | Y | | 01/01/21 |
| G0160 | HHC OCCUP THERAPY EA 15 | Y | | 01/01/21 |
| G0161 | HHC SLP EA 15 MIN | Y | | 01/01/21 |
| G0162 | HHC RN E&M PLAN SVS,15 MIN | Y | | 01/01/21 |
| G0245 | INITIAL FOOT EXAM PT LOPS | Y | | |
| G0246 | FOLLOWUP EVAL OF FOOT PT LOP | Y | | |
| G0247 | ROUTINE FOOTCARE PT W LOPS | Y | | |
| G0276 | PILD/PLACEBO CONTROL CLIN TR | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------|--------------|
| G0281 | ELEC STIM UNATTEND FOR PRESS | Y | | |
| G0282 | ELECT STIM WOUND CARE NOT PD | Y | | |
| G0283 | ELEC STIM OTHER THAN WOUND | Y | | |
| G0299 | HHS/HOSPICE OF RN EA 15 MIN | Y | | 09/01/20 |
| G0300 | HHS/HOSPICE OF LPN EA 15 MIN | Y | | 09/01/20 |
| G0329 | ELECTROMAGNTIC TX FOR ULCERS | Y | | |
| G0396 | ALCOHOL/SUBS INTERV 15-30MN | Y | CareAdvantage only code | 04/14/21 |
| G0397 | ALCOHOL/SUBS INTERV >30 MIN | Y | CareAdvantage only code | 04/14/21 |
| G0409 | CORF RELATED SERV 15 MINS EA | Y | | |
| G0422 | INTENS CARDIAC REHAB W/EXERC | Y | | 01/09/18 |
| G0423 | INTENS CARDIAC REHAB NO EXER | Y | | 01/09/18 |
| G0492 | DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJURY WITHOUT ESRD | Y | | 01/01/21 |
| G0493 | SKILLED SERVICES OF A REGISTERED NURSE (RN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES | Y | | 01/01/21 |
| G0494 | SKILLED SERVICES OF A REGISTERED NURSE (RN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES | Y | | 01/01/21 |
| G0495 | SKILLED SERVICES OF A REGISTERED NURSE (RN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES | Y | | 01/01/21 |
| G0496 | SKILLED SERVICES OF A LICENSED PRACTIAL NURSE (LPN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES | Y | | 01/01/21 |
| G0502 | INT PS CCM 1ST 70 M 1ST CAL M B HCM | Y | CareAdvantage only code | |
| G0503 | SB PS CCM 1ST 60 M SB MO BEH HCM AC | Y | CareAdvantage only code | |
| G0504 | INIT/SB PS CCM E ADD 30 MN CM B HCM | Y | CareAdvantage only code | |
| G0505 | CF ASMT STD INST OFF/OTH OP/HOME | Y | CareAdvantage only code | |
| G0506 | CMP ASMT & C PLN PT RQR CC MGMT SVC | Y | CareAdvantage only code | |
| G0507 | CM BH CND AL 20 M CL STF TM PER CM | Y | CareAdvantage only code | |
| G0508 | TH C CC INT PHYS 60 M CMNCT PT&PROV | Y | | |
| G0509 | TH C CC SB PHYS 50 M CMNCT PT&PROV | Y | | |
| G0659 | DRUG TEST DEF SIMPLE ALL CL | Y | | |
| G9148 | MEDICAL HOME LEVEL I | Y | | |
| G9149 | MEDICAL HOME LEVEL II | Y | | |
| G9150 | MEDICAL HOME LEVEL III | Y | | |
| G9151 | MAPCP DEMO STATE | Y | | |
| G9152 | MAPCP DEMO COMMUNITY | Y | | |
| G9153 | MAPCP DEMO PHYSICIAN | Y | | |
| G9156 | EVALUATION FOR WHEELCHAIR | Y | | |
| J0121 | Injection, omadacycline, 1 mg | Y | | 11/01/22 |
| J0122 | Injection, eravacycline, 1 mg | Y | | 11/01/22 |
| J0129 | ABATACEPT INJECTION | Y | | 01/10/19 |
| J0172 | Injection, aducanumab-avwa, 2 mg | Y | | 3/1/2022 |
| J0174 | Lecanemab-irmb (LEQEMBI®) | Y | | 3/1/2024 |
| J0177 | Injection, aflibercept HD, 1 mg | Y | | 06/01/24 |
| J0178 | INJ, AFLIBERCEPT | Y | | 12/01/22 |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1 MG | Y | | 04/14/21 |
| J0180 | Injection, agalsidase beta, 1 mg | Y | | 11/01/22 |
| J0202 | INJECTION, ALEMTUZUMAB | Y | | |
| J0206 | Allopurinol Sodium for Injection (Aloprim®) | Y | | 12/01/23 |
| J0208 | SODIUM THIOSULFATE (PEDMARK®) | Y | | 07/01/23 |
| J0217 | Velmanase alfa-ticy (LAMZEDE) | Y | | 3/1/2024 |
| J0218 | OLIPUDASE ALFA-RPCP (XENPOZYME) | Y | | 07/01/23 |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg | Y | | 7/1/2022 |
| J0220 | Injection, alglucosidase alfa, 10 mg, not otherwise specified | Y | | 11/01/22 |
| J0221 | Injection, alglucosidase alfa, [Lumizyme], 10 mg | Y | | 11/01/22 |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Y | | 02/01/21 |
| J0224 | INJECTION, LUMASIRAN, 0.5 MG | Y | | 09/01/21 |
| J0225 | Injection, vutrisiran, 1 mg | Y | | 03/01/23 |
| J0291 | Injection, plazomicin, 5 mg | Y | | 11/01/22 |
| J0348 | ANIDULAFUNGIN INJECTION | Y | | |
| J0349 | Rezafungin (REZZAYO) | Y | | 3/1/2024 |

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| J0391 | Artesunate for injection | Y | | 3/1/2024 |
| J0402 | Aripiprazole (ABILIFY ASIMTUFI®) | Y | | 3/1/2024 |
| J0475 | Injection, baclofen, 10 mg | Y | | 11/01/22 |
| J0491 | Injection, anifrolumab-fnia, 1 mg | Y | | 07/01/22 |
| J0517 | INJECTION, BENRALIZUMAB, 1 MG | Y | | |
| J0567 | INJ., CERLIPONASE ALFA 1 MG | Y | | 01/04/19 |
| J0570 | BUPRENORPHINE IMPLANT, 74.2 MG | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 01/10/19 |
| J0584 | INJECTION, BUROSUMAB-TWZA, 1 MG | Y | | 01/07/19 |
| J0585 | INJECTION,ONABOTULINUMTOXINA | Y | | |
| J0586 | ABOBOTULINUMTOXINA | Y | | |
| J0587 | INJ, RIMABOTULINUMTOXINB | Y | | |
| J0588 | INCOBOTULINUMTOXIN A | Y | | |
| J0595 | BUTORPHANOL TARTRATE 1 MG | Y | | |
| J0599 | INJECTION, C1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS | Y | | 01/07/19 |
| J0604 | CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS) | Y | | 04/14/21 |
| J0606 | Injection, etelcalcetide, 0.1 mg | Y | | 11/01/22 |
| J0638 | CANAKINUMAB INJECTION | Y | | |
| J0691 | INJECTION, LEFAMULIN, 1 MG | Y | | 02/01/21 |
| J0699 | INJECTION, CEFIDEROCOL, 10 MG | Y | | 12/01/21 |
| J0717 | CERTOLIZUMAB PEGOL INJ 1MG | Y | | |
| J0742 | INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG | Y | | 02/01/21 |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | Y | | 02/01/21 |
| J0801 | Repository Corticotropin Injection (Acthar Gel) | Y | | 3/1/2024 |
| J0802 | Repository Corticotropin Injection (Purified Cortrophin Gel) | Y | | 3/1/2024 |
| J0879 | Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis) | Y | | 07/01/22 |
| J0884 | INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS) | Y | | |
| J0885 | EPOETIN ALFA, NON-ESRD | Y | | |
| J0887 | EPOETIN BETA ESRD USE | Y | | 01/07/19 |
| J0894 | DECITABINE INJECTION | Y | | |
| J0896 | INJECTION, LUSPATERCEPT-AAMT, 0.25 MG | Y | | 02/01/21 |
| J0897 | DENOSUMAB INJECTION | C | Claims for 60 units per DOS do NOT require a PA; claims for over 60 units require a PA. | 7/1/2022 |
| J1071 | INJ TESTOSTERONE CYPIONATE | Y | | |
| J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | Y | | 11/01/22 |
| J1105 | Dexmedetomidine, oral, 1 mcg | Y | | 3/1/2024 |
| J1130 | INJECTION, DICLOFENAC SODIUM, 0.5 MG | Y | | |
| J1202 | Miglustat, oral, 65 mg | Y | | 06/01/24 |
| J1203 | Injection, cipaglicicidase alfa-atga, 5 mg | Y | | 06/01/24 |
| J1290 | ECALLANTIDE INJECTION | Y | | |
| J1300 | ECULIZUMAB INJECTION | Y | | |
| J1301 | INJECTION, EDARAVONE, 1 MG | Y | | 01/04/19 |
| J1302 | Injection, sutimlimab-jome, 10 mg | Y | | 12/01/22 |
| J1303 | Injection, ravulizumab-cwvz, 10 mg | Y | | 3/1/2022 |
| J1304 | Tofersen (QALSODY) | Y | | 3/1/2024 |
| J1305 | INJECTION, EVINACUMAB-DGNB, 5 MG | Y | | 12/01/21 |
| J1306 | Injection, inclisiran, 1 mg | Y | | 11/01/22 |
| J1322 | ELOSULFASE ALFA, INJECTION | Y | | |
| J1335 | INJECTION, ERTAPENEM SODIUM, 500 MG | Y | | 04/14/21 |
| J1411 | ETRANACOGENE DEZAPARVOVEC-DLB (HEMGENIX) | Y | | 07/01/23 |
| J1412 | Valoctocogene Roxaparovec-rvox (ROCTAVIAN™) | Y | | 3/1/2024 |
| J1413 | Delandistrogene Moxeparovec (ELEVIDYS™) | Y | | 3/1/2024 |
| J1426 | INJECTION, CASIMERSEN, 10 MG | Y | | 12/01/21 |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | Y | | 09/01/21 |
| J1428 | INJ, ETEPLIRSEN, 10 MG | Y | | 01/10/19 |
| J1429 | INJECTION, GOLODIRSEN, 10 MG | Y | | 02/01/21 |
| J1434 | Fosaprepitant (FOCINVEZ) | Y | | 06/01/24 |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10 MG | Y | | 03/01/24 |
| J1439 | INJ FERRIC CARBOXYMALTOS 1MG | Y | | |
| J1440 | Fecal Microbiota, Live – jsIm (Rebyota™) | Y | | 12/01/23 |

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| J1442 | INJ FILGRASTIM EXCL BIOSIMIL | Y | | |
| J1443 | INJ FERRIC PYROPHOSPHATE CIT | Y | | |
| J1445 | INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON | Y | | 12/01/21 |
| J1446 | INJ, TBO-FILGRASTIM, 5 MCG | Y | | |
| J1447 | INJ TBO FILGRASTIM 1 MICROG | Y | | |
| J1448 | INJECTION, TRILACICLIB, 1 MG | Y | | 12/01/21 |
| J1449 | EFLAPEGRASIM-XNST (ROLVEDON™) | Y | | 07/01/23 |
| J1455 | FOSCARNET SODIUM INJECTION | Y | | |
| J1458 | Injection, galsulfase, 1 mg | Y | | 11/01/22 |
| J1459 | INJ IVIG PRIVIGEN 500 MG | Y | | |
| J1460 | GAMMA GLOBULIN 1 CC INJ | Y | | |
| J1551 | Injection, immune globulin (Cutaquig), 100 mg | Y | | 11/01/22 |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG | Y | | 09/01/21 |
| J1556 | INJ, IMM GLOB BIVIGAM, 500MG | Y | | |
| J1557 | GAMMAPLEX INJECTION | Y | | |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG | Y | | 02/01/21 |
| J1561 | GAMUNEX-C/GAMMAKED | Y | | |
| J1566 | IMMUNE GLOBULIN, POWDER | Y | | |
| J1568 | OCTAGAM INJECTION | Y | | |
| J1569 | GAMMAGARD LIQUID INJECTION | Y | | |
| J1572 | FLEBOGAMMA INJECTION | Y | | |
| J1574 | Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg | Y | | 03/01/23 |
| J1575 | HYQVIA 100MG IMMUNEGLOBULIN | Y | | |
| J1576 | Immune Globulin (Panzyga) | Y | | 12/01/23 |
| J1602 | GOLIMUMAB FOR IV USE 1MG | Y | | |
| J1627 | Injection, granisetron extended release, 0.1 mg | Y | | 07/01/22 |
| J1628 | Injection, guselkumab, 1 mg | Y | | 11/01/22 |
| J1632 | INJECTION, BREXANOLONE, 1 MG | Y | | 02/01/21 |
| J1675 | Histrelin acetate, 10 mcg | Y | | 07/01/22 |
| J1740 | IBANDRONATE SODIUM INJECTION | Y | | |
| J1743 | Injection, idursulfase, 1 mg | Y | | 11/01/22 |
| J1745 | INFLIXIMAB INJECTION | Y | | |
| J1746 | INJECTION, IBALIZUMAB-UIYK, 10 MG | Y | | 01/04/19 |
| J1747 | SPELIMAB-SBZO (SPEVIGO®) | Y | | 07/01/23 |
| J1786 | Injection, imiglucerase, per10 units | Y | | 11/01/22 |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | Y | | 04/14/21 |
| J1931 | Injection, laronidase, 0.1 mg | Y | | 11/01/22 |
| J1941 | Furosemide (FUROSCIX) | Y | | 12/01/23 |
| J1950 | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG | C | No authorization required for claims submitted w/ the following ICD-10 codes: D25.0 thru D25.9, E30.1, F64.0 thru F64.9, N80.0 thru N80.9, Z87.890 | 07/01/23 |
| J1951 | INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG | Y | | 09/01/21 |
| J1952 | Leuprolide injectable, camcevi, 1 mg | Y | | 3/1/2022 |
| J2182 | INJECTION, MEPOLIZUMAB, 1 MG | Y | | |
| J2186 | INJECTION, MEROPENEM, VABORBACTAM, 10 MG/10 MG, (20 MG) | Y | | 01/07/19 |
| J2248 | MICAFUNGIN SODIUM INJECTION | Y | | |
| J2277 | Motixafortide (APHEXDA™) | Y | | 06/01/24 |
| J2310 | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 07/01/23 |
| J2315 | INJECTION, NALTREXONE, DEPOT FORM, 1 MG | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 07/01/23 |
| J2326 | INJ, NUSINERSEN, 0.1MG | Y | | 01/10/19 |
| J2327 | Injection, risankizumab-rzaa, intravenous, 1 mg | Y | | 03/01/23 |
| J2329 | Ublituximab-xiyy (Briumvi™) | Y | | 12/01/23 |
| J2353 | OCTREOTIDE INJECTION, DEPOT | Y | | |
| J2354 | OCTREOTIDE INJ, NON-DEPOT | Y | | |
| J2356 | Injection, tezepelumab-ekko, 1 mg | Y | | 11/01/22 |
| J2357 | OMALIZUMAB INJECTION | Y | | |
| J2406 | INJECTION, ORITAVANCIN (KIMYRSA), 10 MG | Y | | 12/01/21 |
| J2430 | PAMIDRONATE DISODIUM /30 MG | Y | | |
| J2508 | Pegunigalsidase alfa-iwxj (ELFABRIO) | Y | | 3/1/2024 |

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| J2562 | PLERIXAFOR INJECTION | Y | | |
| J2777 | Injection, faricimab-svoa, 0.1 mg | Y | | 12/01/22 |
| J2778 | RANIBIZUMAB INJECTION | Y | | |
| J2779 | Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg | Y | | 11/01/22 |
| J2781 | INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG | Y | | 12/01/23 |
| J2782 | Injection, avacincaptad pegol, 0.1 mg | Y | | 06/01/24 |
| J2786 | INJECTION, RESLIZUMAB, 1 MG | Y | | |
| J2787 | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml | Y | | 03/01/23 |
| J2793 | RILONACEPT INJECTION | Y | | |
| J2796 | ROMIPLOSTIM INJECTION | Y | | |
| J2799 | Risperidone (UZEDY) | Y | | 3/1/2024 |
| J2801 | Injection, risperidone (Rykindo), 0.5 mg | Y | | 06/01/24 |
| J2820 | SARGRAMOSTIM INJECTION | Y | | |
| J2840 | INJECTION, SEBELIPASE ALFA, 1 MG | Y | | |
| J2860 | INJECTION, SILTUXIMAB, 10 MG | Y | | |
| J2998 | Injection, plasminogen, human-tvmh, 1 mg | Y | | 11/01/22 |
| J3031 | Injection, fremanezumab-vfrm, 1 mg | Y | | 11/01/22 |
| J3032 | INJECTION, EPTINEZUMAB-JJMR, 1 MG | Y | | 02/01/21 |
| J3060 | INJ, TALIGLUCERACE ALFA 10 U | Y | | |
| J3095 | TELAVANCIN INJECTION | Y | | |
| J3111 | Injection, romosozumab-aqqg, 1 mg | Y | | 11/01/22 |
| J3145 | TESTOSTERONE UNDECANOATE 1MG | Y | | |
| J3240 | Injection, thyrotropin alpha, 0.9 mg | Y | | 11/01/22 |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10 MG | Y | | 04/14/21 |
| J3243 | TIGECYCLINE INJECTION | Y | | |
| J3245 | INJECTION, TILDRAKIZUMAB-ASMN, 1 MG | Y | | 01/07/19 |
| J3262 | TOCILIZUMAB INJECTION | Y | | 01/07/19 |
| J3299 | Injection, triamcinolone acetonide (Xipere), 1 mg | Y | | 11/01/22 |
| J3304 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG | Y | | 09/01/20 |
| J3316 | INJ., TRIPTORELIN XR 3.75 MG | Y | | 01/04/19 |
| J3357 | USTEKINUMAB INJECTION | Y | | |
| J3358 | Ustekinumab, for intravenous injection, 1 mg | Y | | 11/01/22 |
| J3380 | INJECTION, VEDOLIZUMAB | Y | | |
| J3385 | VELAGLUCERASE ALFA | Y | | |
| J3397 | INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG | Y | | 01/07/19 |
| J3398 | INJ LUXTURN A 1 BILLION VEC G | Y | | 01/04/19 |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 | Y | | 02/01/21 |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml | Y | | 3/1/2024 |
| J3490 | DRUGS UNCLASSIFIED INJECTION | C | J3490 claims submitted ≤ \$50 will NOT require a PA; J3490 claims submitted > \$50 will require a PA | 11/01/22 |
| J3590 | UNCLASSIFIED BIOLOGICS | Y | | 12/01/23 |
| J7131 | Hypertonic saline solution, 1milliliters | Y | | 11/01/22 |
| J7168 | PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY | Y | | 09/01/21 |
| J7169 | INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG | Y | | 02/01/21 |
| J7170 | INJ., EMICIZUMAB-KXWH 0.5 MG | Y | Bill to Medi-Cal Fee for Service; carved out of Medi-Cal Managed Care - do not bill to HPSM | 01/10/19 |
| J7175 | INJECTION, FACTOR X, (HUMAN), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7177 | INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG | Y | | 01/07/19 |
| J7178 | INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG | Y | | 07/01/23 |
| J7179 | INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 IU VWF:RCO | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7180 | FACTOR XIII ANTI-HEM FACTOR | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7181 | FACTOR XIII RECOMB A-SUBUNIT | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7182 | FACTOR VIII RECOMB NOVOEIGHT | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7183 | WILATE INJECTION | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7185 | XYNTHA INJ | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |

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| J7186 | ANTIHEMOPHILIC VIII/VWF COMP | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7187 | HUMATE-P, INJ | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7188 | FACTOR VIII RECOMB OBIZUR | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7189 | FACTOR VIIIA | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7190 | FACTOR VIII | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7191 | FACTOR VIII (PORCINE) | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7192 | FACTOR VIII RECOMBINANT NOS | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7193 | FACTOR IX NON-RECOMBINANT | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7194 | FACTOR IX COMPLEX | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7195 | FACTOR IX RECOMBINANT NOS | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7197 | ANTITHROMBIN III INJECTION | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7198 | ANTI-INHIBITOR | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7199 | HEMOPHILIA CLOT FACTOR NOC | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7200 | FACTOR IX RECOMBINAN RIXUBIS | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7201 | FACTOR IX FC FUSION RECOMB | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7202 | FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7203 | FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGLATED, (REBINYN), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7204 | INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGLATED-EXEI, PER IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 12/01/23 |
| J7205 | FACTOR VIII FC FUSION RECOMB | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7207 | FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7208 | FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED- AUCL, (JVI), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7209 | FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7210 | FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7211 | FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 IU | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS). | 01/01/20 |
| J7212 | FACTOR VIIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 07/01/23 |
| J7213 | INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U. | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 12/01/23 |
| J7214 | INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII I.U. | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 12/01/23 |
| J7308 | AMINOLEVULINIC ACID HCL TOP | Y | | |
| J7310 | GANCICLOVIR LONG ACT IMPLANT | Y | | |
| J7311 | FLUOCINOLONE ACETONIDE IMPLT | Y | | 01/07/19 |
| J7313 | FLUOCINOL ACET INTRAVIT IMP | Y | | |
| J7318 | Durolane: hyaluronan or derivative, durolane, for intra-articular injection, 1 mg | Y | | 07/01/22 |
| J7320 | HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG | Y | | 07/01/23 |
| J7321 | HYALGAN/SUPARTZ INJ PER DOSE | Y | | |
| J7322 | HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG | Y | | 07/01/23 |
| J7323 | EUFLEXA INJ PER DOSE | Y | | |
| J7324 | ORTHOVISC INJ PER DOSE | Y | | |

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| J7325 | SYNVISC OR SYNVISC-ONE | Y | | |
| J7326 | Hyaluronan or derivative, GelOne®, for intra-articular injection, per dose | Y | | 07/01/22 |
| J7327 | Hyaluronan or derivative, monovisc, for intra-articular injection | Y | | 07/01/22 |
| J7328 | GEL-SYN INJECTION 0.1 MG | Y | | |
| J7329 | HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG | Y | | 07/01/23 |
| J7331 | Synjoynt: Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg | Y | | 07/01/22 |
| J7332 | Trilon: Hyaluronan or derivative, trilon, for intra-articular injection, 1 mg | Y | | 07/01/22 |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml | Y | | 11/01/22 |
| J7351 | INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MCG | Y | | 02/01/21 |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | Y | | 04/14/21 |
| J7354 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | Y | | 06/01/24 |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG | Y | | 09/01/21 |
| J8499 | PRESCRIPTION DRUG, ORAL | Y | Not covered by CA | |
| J8597 | ANTIEMETIC DRUG, ORAL | Y | | |
| J8670 | ROLAPITANT, ORAL, 1 MG | Y | | |
| J9010 | ALEMTUZUMAB INJECTION | Y | | |
| J9019 | ERWINAZE INJECTION | Y | | |
| J9020 | ASPARAGINASE, NOS | Y | | |
| J9027 | Injection, clofarabine, 1 mg | Y | | 07/01/22 |
| J9029 | Nadofaragene firadenovec-vncg (Adstiladrin®) | Y | | 12/01/23 |
| J9033 | BENDAMUSTINE INJECTION | Y | | |
| J9034 | INJ BENDAMUSTINE HCL BENDEKA 1 MG | Y | | |
| J9035 | BEVACIZUMAB INJECTION | C | Claims for >2 units per DOS require a prior authorization. Claims for ≤2 units per DOS do not require a prior authorization. | 12/01/22 |
| J9036 | INJ., BELRAPZO, 1 MG | Y | | 01/10/19 |
| J9041 | BORTEZOMIB INJECTION | Y | | |
| J9042 | BRENTUXIMAB VEDOTIN INJ | Y | | |
| J9043 | CABAZITAXEL INJECTION | Y | | |
| J9044 | INJ, BORTEZOMIB, NOS, 0.1 MG | Y | | 01/04/19 |
| J9047 | INJECTION, CARFILZOMIB, 1 MG | Y | | |
| J9055 | CETUXIMAB INJECTION | Y | | |
| J9056 | Injection, bendamustine HCl (Vivimusta), 1 mg | Y | | 12/01/23 |
| J9058 | Injection, bendamustine HCl (Apotex), 1 mg | Y | | 12/01/23 |
| J9059 | Injection, bendamustine HCl (Baxter), 1 mg | Y | | 12/01/23 |
| J9063 | Mirvetuximab Soravtansine-gynx (Elahere™) | Y | | 12/01/23 |
| J9071 | Injection, cyclophosphamide, (AuroMedics), 5 mg | Y | | 07/01/22 |
| J9118 | INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS | Y | | 07/01/23 |
| J9153 | INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE | Y | | 01/07/19 |
| J9155 | DEGARELIX INJECTION | Y | | |
| J9160 | Injection, denileukin diftitox, 300 mcg | Y | | 07/01/22 |
| J9177 | Injection, enfortumab vedotin-efv, 0.25 mg | Y | | 12/01/23 |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX®) | Y | | 10/01/23 |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG | Y | | |
| J9207 | IXABEPILONE INJECTION | Y | | |
| J9210 | Injection, emapalumab-lzsg, 1mg | Y | | 11/01/22 |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG | C | No authorization required for claims submitted w/ ICD-10 code of C61. | 07/01/23 |
| J9223 | INJECTION, LURBINECTEDIN, 0.1 MG | Y | | 04/14/21 |
| J9225 | VANTAS IMPLANT | Y | | |
| J9226 | SUPPRELIN LA IMPLANT | Y | | |
| J9229 | INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG | Y | | 01/07/19 |
| J9245 | INJECTION, MELPHALAN HCL, NOS, 50 MG | Y | | 02/01/21 |
| J9246 | INJECTION, MELPHALAN (EVOMELA), 1 MG | Y | | 02/01/21 |
| J9249 | Melphalan Injection (Apotex) | Y | | 06/01/24 |
| J9258 | Paclitaxel Protein-Bound Particles (Teva) | Y | | 3/1/2024 |
| J9259 | Paclitaxel Protein-Bound Particles (American Agent) | Y | | 12/01/23 |
| J9261 | NELARABINE INJECTION | Y | | |
| J9271 | INJ PEMBROLIZUMAB | Y | | |
| J9285 | Injection, olaratumab, 10 mg | Y | | 11/01/22 |
| J9297 | PEMETREXED (PEMFEXYTM, SANDOZ) | Y | | 07/01/23 |

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| J9299 | Injection, nivolumab, 1 mg | Y | | 03/01/23 |
| J9301 | OBINUTUZUMAB INJ | Y | | |
| J9302 | OFATUMUMAB INJECTION | Y | | |
| J9303 | PANITUMUMAB INJECTION | Y | | |
| J9304 | INJECTION, PEMETREXED (PEMFEXY), 10 MG | Y | | 02/01/21 |
| J9306 | INJECTION, PERTUZUMAB, 1 MG | Y | | |
| J9311 | INJ RITUXIMAB, HYALURONIDASE | Y | | 01/04/19 |
| J9312 | INJ., RITUXIMAB, 10 MG | Y | | 01/04/19 |
| J9315 | ROMIDEPSIN INJECTION | Y | | |
| J9318 | INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG | Y | | 12/01/21 |
| J9324 | Pemetrexed (Pemrydi RTU) | Y | | 3/1/2024 |
| J9325 | INJ T-VEC PER 1 M PLAQUE FORM UNITS | Y | | |
| J9328 | TEMOZOLOMIDE INJECTION | Y | | |
| J9330 | TEMSIROLIMUS INJECTION | Y | | |
| J9332 | Injection, efgartigimod alfa-fcab, 2 mg | Y | | 11/01/22 |
| J9333 | Rozanolixizumab-noli Injection (RYSTIGGO®) | Y | | 3/1/2024 |
| J9334 | Efgartigimod alfa-fcab and hyaluronidase-qvfc (Vyvgart™) | Y | | 3/1/2024 |
| J9345 | Retifanlimab-dlwr (ZYNZY™) | Y | | 3/1/2024 |
| J9348 | INJECTION, NAXITAMAB-GQGK, 1 MG | Y | | 09/01/21 |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG | Y | | 09/01/21 |
| J9352 | INJECTION TRABECTEDIN 0.1 MG | Y | | |
| J9354 | INJ, ADO-TRASTUZUMAB EMT 1MG | Y | | |
| J9355 | INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG | Y | Effective 6/1/22 | 07/01/22 |
| J9376 | Injection, pozelimab-bbfg, 1 mg | Y | | 06/01/24 |
| J9381 | Teplizumab-mzww (TZIELD™) | Y | | 12/01/23 |
| J9400 | INJ, ZIV-AFLIBERCEPT, 1MG | Y | | |
| J9999 | CHEMOTHERAPY DRUG | Y | | |
| K0001 | STANDARD WHEELCHAIR | Y | | |
| K0002 | STANDARD HEMI WHEELCHAIR | Y | | |
| K0003 | LIGHTWEIGHT WHEELCHAIR | Y | | |
| K0004 | HIGH STRENGTH LIGHTWEIGHT WHLCHAIR | Y | | |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | Y | | |
| K0006 | HEAVY-DUTY WHEELCHAIR | Y | | |
| K0007 | EXTRA HEAVY-DUTY WHEELCHAIR | Y | | |
| K0008 | CUSTOM MANUAL WHEELCHAIR/BASE | Y | | |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0010 | STD-WT FRME MOTRIZED/PWR WHLCHAIR | Y | | |
| K0011 | STD FRME MOTRIZD WHLCHAIR W/PROG | Y | | |
| K0012 | LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR | Y | | |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR B | Y | | |
| K0014 | OTH MOTORIZED/POWER WHEELCHAIR BASE | Y | | |
| K0015 | DETACHBLE NONADJUSTBL HT ARMREST EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0017 | DTACHBL ADJUSTBL HT ARMREST BASE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0018 | DTACHBL ADJUSTBL ARMREST UP PRTN EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0019 | ARM PAD EACH | Y | | |
| K0020 | FIXED ADJUSTBLE HEIGHT ARMREST PAIR | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0037 | HIGH MOUNT FLIP-UP FOOTREST EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0038 | LEG STRAP EACH | Y | | |
| K0039 | LEG STRAP H STYLE EACH | Y | | |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE EACH | Y | | |
| K0041 | LARGE SIZE FOOTPLATE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0042 | STANDARD SIZE FOOTPLATE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0043 | FOOTREST LOWER EXTENSION TUBE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0044 | FOOTREST UPPER HANGER BRACKET EACH | Y | | |
| K0045 | FOOTREST COMPLETE ASSEMBLY | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0046 | ELEV LEGREST LOWER EXT TUBE EA | Y | | |
| K0047 | ELEV LEGREST UP HANGER BRACKET EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0050 | RATCHET ASSEMBLY | Y | | |
| K0051 | CAM RLSE ASSMBL FOOTREST/LEGREST EA | C | PA required for ages 21 and under; not required for ages over 21 | |

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| K0052 | SWINGAWAY DETACHABLE FOOTRESTS EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0053 | ELEVATING FOOTRESTS ARTICULATING EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0056 | SEAT HT<17/=>21 IN LTWT/ULTRLT WC | Y | | |
| K0069 | REAR WHL ASSMBL-SOLID TIRE SPOKE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0070 | REAR WHL ASSMBL-PNEUMAT TIRE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0071 | FRONT CASTR ASSMBL-PNEUMAT TIRE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0072 | FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0073 | CASTER PIN LOCK EACH | Y | | |
| K0077 | FRNT CASTR ASSMBL CMPL-SLID TIRE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0098 | DRIVE BELT FOR POWER WHEELCHAIR | Y | | |
| K0105 | IV HANGER EACH | Y | | |
| K0108 | WC COMPONENT/ACCESSORY NOS | Y | | |
| K0195 | ELEVATING LEGREST PAIR | Y | | |
| K0455 | INFUS PUMP UNINTRPT PARTRAL MED | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0552 | SPL EXT INFUSION PUMP STERILE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY | Y | Applicable for claims w/ date of service on or before 12/31/22 only (superseded with new code A4239 beginning 1/1/23). | 01/01/23 |
| K0554 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM. | Y | Applicable for claims w/ date of service on or before 12/31/22 only (superseded with new code E2103 beginning 1/1/23). | 01/01/23 |
| K0601 | REPL BATTERY SILVER OXIDE 1.5 V EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0602 | REPL BATTERY SILVER OXIDE 3 V EA | Y | | |
| K0603 | REPL BATTERY PUMP ALKALINE 1.5 V EA | Y | | |
| K0604 | REPL BATTERY PUMP LITHIUM 3.6 V EA | Y | | |
| K0605 | REPL BATTERY PUMP LITHIUM 4.5 V EA | Y | | |
| K0606 | AED W/INTGR ECG ANALY GARMNT TYPE | Y | Modifier KF required | 12/01/23 |
| K0669 | WC ACCSS SEAT/BK CUSHN NO DME PDAC | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0672 | ADD LOW EXT ORTHOSIS REPL EACH | Y | | |
| K0733 | PWR WC 12-24 AMP HR LEAD BATT EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | C | PA required for ages 21 and under; not required for ages over 21 | 12/01/22 |
| K0739 | REPR/SRVC DME NOT O2 PER 15 MINS | C | PA required for ages 21 and under; not required for ages over 21 | |
| K0740 | REPR/SRVC O2 EQP TECH PER 15 MINS | Y | | |
| K0743 | SX PUMP HOME MDL PORT FOR WOUNDS | Y | | |
| K0744 | ABSRB WD DR H MDL PAD 16 SQ IN/LESS | Y | | |
| K0745 | ABS WD DR PAD>16 SQ IN<=/ 48 SQ IN | Y | | |
| K0746 | ABSRB WD DR H MDL PAD SZ >48 SQ IN | Y | | |
| K0800 | PWR OP VEH GRP 1 STD PT TO 300 LBS | Y | | |
| K0801 | PWR OP VEH GRP 1 HVY PT 301-450 LBS | Y | | |
| K0802 | PWR OP VEH GRP 1 HVY PT 451-600 LBS | Y | | |
| K0806 | PWR OP VEH GRP 2 STD PT TO 300 LBS | Y | | |
| K0807 | PWR OP VEH GRP 2 HVY PT 301-450 LBS | Y | | |
| K0808 | PWR OP VEH GRP 2 PT 451-600 LBS | Y | | |
| K0812 | POWER OPERATED VEHICLE NOC | Y | | |
| K0813 | PWR WC GRP 1 SLING SEAT PT TO 300 | Y | | |
| K0814 | PWR WC GRP 1 CAPT CHAIR PT TO 300 | Y | | |
| K0815 | PWR WC GRP 1 SLING PT UP TO 300 | Y | | |
| K0816 | PWR WC GRP 1 CAPT CHAIR PT TO 300 | Y | | |
| K0820 | PWR WC GRP 2 SLING SEAT PT TO 300 | Y | | |
| K0821 | PWR WC GRP 2 CAPT CHAIR TO 300 | Y | | |
| K0822 | PWR WC GRP 2 SLING SEAT PT TO 300 | Y | | |
| K0823 | PWR WC GRP 2 CAPT CHAIR PT TO 300 | Y | | |
| K0824 | PWR WC GRP 2 SLING SEAT PT 301-450 | Y | | |
| K0825 | PWR WC GRP 2 CAPT CHAIR PT 301-450 | Y | | |
| K0826 | PWR WC GRP 2 SLING SEAT PT 451-600 | Y | | |
| K0827 | PWR WC GRP 2 CAPT CHAIR PT 451-600 | Y | | |
| K0828 | PWR WC GRP 2 SLING SEAT PT 601/> | Y | | |
| K0829 | PWR WC GRP 2X HVY DUTY CHR PT 601/> | Y | | |
| K0830 | PWR WC 2 SEAT ELEV SLING PT TO 300 | Y | | |
| K0831 | PWR WC 2 SEAT ELEV CAPT PT TO 300 | Y | | |
| K0835 | PWR WC GRP 2 1 PWR SLING PT TO 300 | Y | | |

| Code | Description | PA* | Comments | Date Updated |
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| K0836 | PWR WC 2 1 PWR CAPT CHAIR PT TO 300 | Y | | |
| K0837 | PWR WC GRP 2 1 PWR SLING PT 301-450 | Y | | |
| K0838 | PWR WC 2 1 PWR CAPT CHR PT 301-450 | Y | | |
| K0839 | PWR WC 2 1 PWR SLNG SEAT PT 451-600 | Y | | |
| K0840 | PWR WC GRP 2 1 PWR SLING PT 601/> | Y | | |
| K0841 | PWR WC GRP 2 MX PWR SLING PT TO 300 | Y | | |
| K0842 | PWR WC 2 MX PWR CAPT CHR PT TO 300 | Y | | |
| K0843 | PWR WC 2 MX PWR SLING PT 301-450 | Y | | |
| K0848 | PWR WC GRP 3 SLING SEAT PT TO &=300 | Y | | |
| K0849 | PWR WC GRP 3 CAPT CHAIR PT TO &=300 | Y | | |
| K0850 | PWR WC GRP 3 SLING SEAT PT 301-450 | Y | | |
| K0851 | PWR WC GRP 3 CAPT CHAIR PT 301-450 | Y | | |
| K0852 | PWR WC GRP 3 SLING SEAT PT 451-600 | Y | | |
| K0853 | PWR WC GRP 3 CAPT CHAIR PT 451-600 | Y | | |
| K0854 | PWR WC GRP 3 SLING SEAT PT 601 LB/> | Y | | |
| K0855 | PWR WC GRP 3 CAPT CHAIR PT 601 LB/> | Y | | |
| K0856 | PWR WC 3 1 PWR SLING SEAT PT TO 300 | Y | | |
| K0857 | PWR WC 3 1 PWR CAPT CHAIR PT TO 300 | Y | | |
| K0858 | PWR WC 3 1 PWR SLNG SEAT PT 301-450 | Y | | |
| K0859 | PWR WC 3 1 CAP CHAIR PT 301-450 | Y | | |
| K0860 | PWR WC 3 1 PWR SLNG SEAT PT 451-600 | Y | | |
| K0861 | PWR WC 3 MX PWR SLNG SEAT PT TO 300 | Y | | |
| K0862 | PWR WC 3 MX PWR SLING PT 301-450 | Y | | |
| K0863 | PWR WC 3 MX PWR SLING PT 451-600 | Y | | |
| K0864 | PWR WC 3 MX PWR SLNG SEAT PT 601/> | Y | | |
| K0868 | PWR WC GRP 4 SLING SEAT PT TO &=300 | Y | | |
| K0869 | PWR WC GRP 4 CAPT CHAIR PT TO &=300 | Y | | |
| K0870 | PWR WC GRP 4 SLING SEAT PT 301-450 | Y | | |
| K0871 | PWR WC GRP 4 SLING SEAT PT 451-600 | Y | | |
| K0877 | PWR WC 4 1 PWR SLING SEAT PT TO 300 | Y | | |
| K0878 | PWR WC 4 1 PWR CAPT CHAIR PT TO 300 | Y | | |
| K0879 | PWR WC 4 1 PWR SLNG SEAT PT 301-450 | Y | | |
| K0880 | PWR WC 4 1 PWR SLNG SEAT PT 451-600 | Y | | |
| K0884 | PWR WC 4 MX PWR SLNG SEAT PT TO 300 | Y | | |
| K0885 | PWR WC 4 MX PWR CAP CHAIR PT TO 300 | Y | | |
| K0886 | PWR WC 4 MX PWR SLING PT 301-450 | Y | | |
| K0890 | PWR WC 5 PED 1 PWR SLING PT TO 125 | Y | | |
| K0891 | PWR WC 5 PED MX PWR SLING PT TO 125 | Y | | |
| K0898 | POWER WHEELCHAIR NOC | Y | | |
| K0901 | KO SNGL UPRIGHT THIGH & CALF PREFAB | Y | | |
| K0902 | KO DBLE UPRIGHT THIGH & CALF PREFAB | Y | | |
| L0150 | CERV SEMI-RIGD ADJUST MOLD CHIN CUP | Y | | |
| L0160 | CERV SEMI-RIGID OCCIP/MAND PREFAB | Y | | |
| L0170 | CERV COLLAR MOLDED PATIENT MODEL | Y | | |
| L0172 | CERV COLLAR SEMI-RIGID FOAM PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0174 | CERV COLLR SEMI-RGD THOR EXT PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0190 | CERV MX POST COLLR ADJ CERV BARS | Y | | |
| L0200 | CERV COLLR ADJ CERV BARS&THOR EXT | Y | | |
| L0220 | THORACIC RIB BELT CUSTOM FABRICATED | Y | | |
| L0450 | TLSO FLEX TRUNK SUPP UP THOR PREFAB | Y | | |
| L0452 | TLSO FLEX TRUNK SUPP UP THOR CUSTOM | Y | | |
| L0454 | TLSO FLEX SC JUNC T-9 PRFAB CUSTOM | Y | | |
| L0455 | TLSO FLEX SC JUNC TO T-9 PREFAB | Y | | |
| L0456 | TLSO FLEX SC SCAP SPN PRFAB CUSTOM | Y | | |
| L0457 | TLSO FLX SC JUNC TRM INF SCAP SPINE | Y | | |
| L0458 | TLSO TRIPLANR 2 SHELL ANT-XIPHOID | Y | | |
| L0460 | TLSO TRIPLANR 2 SHELL ANT-STERNL | Y | | |
| L0462 | TLSO TRIPLANR 3 SHELL ANT-STERNL | Y | | |
| L0464 | TLSO TRIPLANR 4 SHELL ANT-STERNL | Y | | |

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| L0466 | TLSO SAGITTAL CONTROL PREFAB CUSTOM | Y | | |
| L0467 | TLSO SAGITTAL CONTROL RIGD PREFAB | Y | | |
| L0468 | TLSO SAGITTAL-CORONAL PREFAB CUSTOM | Y | | |
| L0469 | TLSO SAGITTAL-CORONAL CONTRL PREFAB | Y | | |
| L0470 | TLSO TRIPLANAR FRME&APRON W/STRAP | Y | | |
| L0472 | TLSO TRIPLANAR HYPREXT RIGD FRME | Y | | |
| L0480 | TLSO TRIPLANR 1 PC NO INTERFCE CSTM | Y | | |
| L0482 | TLSO TRIPLANAR 1 PC W/INTERFCE CSTM | Y | | |
| L0484 | TLSO TRIPLANR 2 PC NO INTERFCE CSTM | Y | | |
| L0486 | TLSO TRIPLANAR 2 PC W/INTERFCE CSTM | Y | | |
| L0488 | TLSO TRIPLANR 1 PC W/INTERFCE PRFAB | Y | | |
| L0490 | TLSO SAGIT-CORONAL REINFORCE PRFAB | Y | | |
| L0491 | TLSO 2 RIGID PLASTIC SHELLS PREFAB | Y | | |
| L0492 | TLSO 3 RIGID PLASTIC SHELLS PREFAB | Y | | |
| L0621 | SACROILIAC ORTHOSIS FLEXIBLE PREFAB | Y | | |
| L0622 | SACROILIAC ORTHOTIC FLEXIBLE CUSTOM | Y | | |
| L0623 | SACROILIAC ORTHOSIS RIGID PREFAB | Y | | |
| L0624 | SACROILIAC ORTHOTIC RIGID CUSTOM | Y | | |
| L0625 | LUMBAR ORTHOSIS FLEXIBLE PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0626 | LUMB ORTHOS RIGID POST PREFAB CUSTM | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0627 | LUMB ORTHOS RIGD A&P PNL PRFAB CSTM | Y | | |
| L0628 | LSO FLEXIBLE PREFAB OFF THE SHELF | Y | | |
| L0629 | LSO FLEXIBLE CUSTOM FABRICATED | Y | | |
| L0630 | LSO SAGIT CNTRL RIGID POST PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0631 | LSO SAGIT CNTRL RIGID POST CUSTOM | Y | | |
| L0632 | LSO SAGIT CNTRL RIGID A&P CUSTOM | Y | | |
| L0633 | LSO SAG-COR CNTRL RIGID POST PREFAB | Y | | |
| L0634 | LSO SAG-COR CNTRL RIGID POST CUSTOM | Y | | |
| L0635 | LSO SAG-COR CNTRL LUMB FLEX PREFAB | Y | | |
| L0636 | LSO SAG-COR CNTRL LUMB FLEX CUSTOM | Y | | |
| L0637 | LSO SAG-COR CNTRL RIGID A&P PREFAB | Y | | |
| L0638 | LSO SAG-COR CNTRL RIGID A&P CUSTOM | Y | | |
| L0639 | LSO SAG-COR CNTRL RIGD SHELL PREFAB | Y | | |
| L0640 | LSO SAG-COR CNTRL RIGD SHELL CUSTOM | Y | | |
| L0641 | LUMB ORTHOS SAGIT CTRL RIGD PST PNL | Y | | |
| L0642 | LUMB ORTHOS SAGIT CTRL ANT POST PNL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0643 | LSO SAGITTAL CNTRL RIGID POST PANEL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L0648 | LSO SAGIT CNTRL RIGD ANT POST PANEL | Y | | |
| L0649 | LSO SAGIT-CORNL CNTRL RIGD PST PANL | Y | | |
| L0650 | LSO SAGIT-CORNL CNTRL ANT PST PANL | Y | | |
| L0651 | LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL | Y | | |
| L0700 | CTLDO ANT-POST-LAT CNTRL MOLD PT | Y | | |
| L0710 | CTLDO-MOLD PT-INTERFACE MATERIAL | Y | | |
| L0810 | HALO PROC CERV HALO IN JACKET VEST | Y | | |
| L0820 | HALO PROC CERV HALO-PLAST BDY JACKET | Y | | |
| L0830 | HALO PROC CERV HALO-MLWAKEE ORTHOS | Y | | |
| L0859 | RINGS&PINS | Y | | |
| L0861 | ADD HALO PROC REPLCMT LINER/INTERFC | Y | | |
| L0970 | TLDO CORSET FRONT | Y | | |
| L0972 | LSO CORSET FRONT | Y | | |
| L0974 | TLDO FULL CORSET | Y | | |
| L0976 | LSO FULL CORSET | Y | | |
| L0978 | AXILLARY CRUTCH EXTENSION | Y | | |
| L0980 | PERONEAL STRAPS PREFAB PAIR | Y | | |
| L0982 | STOCKING SUPPORT GRIPS PREFAB SET 4 | Y | | |
| L0984 | PROTECTIVE BODY SOCK PREFAB EACH | Y | | |
| L1000 | CTLDO INCL FURNISH INIT ORTHOS-MDL | Y | | |
| L1001 | CTLS IMMOBILIZER INFANT SZ PREFAB | Y | | |
| L1005 | TENSION BASED SCOLIOSIS ORTHOTIC | Y | | |

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| L1010 | ADD CTLSO/SCOLIO ORTHOS AX SLING | Y | | |
| L1020 | ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD | Y | | |
| L1025 | ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD | Y | | |
| L1030 | ADD CTLSO/SCOLIO ORTHOS LUMB PAD | Y | | |
| L1040 | ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD | Y | | |
| L1050 | ADD CTLSO/SCOLIOS ORTHOS STERNL PAD | Y | | |
| L1060 | ADD CTLSO/SCOLIOS ORTHOS THOR PAD | Y | | |
| L1070 | ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG | Y | | |
| L1080 | ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG | Y | | |
| L1085 | ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT | Y | | |
| L1090 | ADD CTLSO/SCOLIOS ORTHOS LUMB SLING | Y | | |
| L1100 | ADD CTLSO/SCOLIOS RING PLSTC/LEATHR | Y | | |
| L1110 | ADD CTLSO/SCOLIOS RING MOLD PT MDL | Y | | |
| L1120 | ADD CTLSO SCOLIO ORTHO COVR UPRT EA | Y | | |
| L1200 | TLSO INCL FURNISH INIT ORTHOTC ONLY | Y | | |
| L1210 | ADDITION TLSO LATERAL THORACIC EXT | Y | | |
| L1220 | ADDITION TLSO ANT THORACIC EXT | Y | | |
| L1230 | ADD TLSO MLWAKEE TYPE SUPERSTRCT | Y | | |
| L1240 | ADDITION TLSO LUMBAR DEROTATION PAD | Y | | |
| L1250 | ADDITION TO TLSO ANTERIOR ASIS PAD | Y | | |
| L1260 | ADD TLSO ANT THOR DEROTATION PAD | Y | | |
| L1270 | ADDITION TO TLSO ABDOMINAL PAD | Y | | |
| L1280 | ADDITION TO TLSO RIB GUSSET EACH | Y | | |
| L1290 | ADDITION TLSO LAT TROCHANTERIC PAD | Y | | |
| L1300 | OTH SCOLIOS PROC BDY JACKT MOLD PT | Y | | |
| L1310 | OTH SCOLIOSIS PROC POSTOP BDY JACKT | Y | | |
| L1600 | HIP ORTHOS ABDUCT FLX FREJKA PREFAB | Y | | |
| L1610 | HIP ORTHOS ABDUCT CNTRL FLEX PREFAB | Y | | |
| L1620 | HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB | Y | | |
| L1630 | HIP ORTHOTIC ABDUCT CONTRL/SEMI-FLX | Y | | |
| L1640 | HIP ORTHOTIC-PELV BAND/SPRDR BAR | Y | | |
| L1650 | HIP ORTHOTIC ABDUCT CNTRL-STATC ADJ | Y | | |
| L1652 | HIP ORTHOT BIL THI CUFF ADLT PRFAB | Y | | |
| L1660 | HIP ORTHOT ABDUCT CNTRL-STATC PLSTC | Y | | |
| L1680 | HIP ORTHOT DYN PELV CNTRL THI CSTM | Y | | |
| L1685 | HIP ORTHOS POSTOP HIP ABDCT CSTM | Y | | |
| L1686 | HIP ORTHOT POSTOP HIP ABDCT PRFAB | Y | | |
| L1690 | COMB BIL LUMBO-SAC HIP FEM ORTHOT | Y | | |
| L1700 | LEGG PERTHES ORTHOTIC TORONTO CSTM | Y | | |
| L1710 | LEGG PERTHES ORTHOT NEWINGTON CSTM | Y | | |
| L1720 | LEGG PERTHES ORTHO TRILAT TACHDIJAN | Y | | |
| L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE | Y | | |
| L1755 | LEGG PERTHES ORTHOT PATTEN BOTTOM | Y | | |
| L1810 | KNEE ORTHOSIS ELASTIC JOINTS PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L1812 | KNEE ORTHOSIS ELASTIC W/JNTS PREFAB | Y | | |
| L1831 | KNEE ORTHOT LOCK KNEE JNT PSTN ORTHOT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L1832 | KNEE ORTHOS IMMOBLZR ADJUST PREFAB | Y | | |
| L1833 | KNEE ORTHOSIS ADJUST JNT RIGD SUPP | Y | | |
| L1834 | KO W/O KNEE JOINT RIGID CUSTOM FAB | Y | | |
| L1836 | KNEE ORTHOSIS RIGD W/O JOINT PREFAB | Y | | |
| L1840 | KO DEROTATION MED-LAT ACL CSTM FAB | Y | | |
| L1843 | KNEE ORTHOS 1 UPRT THI&CALF PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L1844 | KNEE ORTHOS 1 UPRT THI&CALF CUSTOM | Y | | |
| L1845 | KNEE ORTHOS DBL UPRT THI&CALF PRFAB | Y | | |
| L1846 | KNEE ORTHOS DBL UPRT THI&CALF CUSTM | Y | | |
| L1847 | KNEE ORTHOS DBL UPRT ADJ JNT PREFAB | Y | | |
| L1848 | KNEE ORTHOS DBL UPRT AIR SUPP PRFAB | Y | | |
| L1850 | KNEE ORTHOS SWEDISH TYPE PREFAB | Y | | |
| L1851 | KNEE ORTHOS SNG UPRT THIGH & CALF | Y | | |

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| L1852 | KNEE ORTHOS DBLE UPRT THIGH & CALF | Y | | |
| L1860 | KO MOD SUPRACNDYLR PROSTH SCKT CSTM | Y | | |
| L1900 | AFO SPRNG WIRE DORSIFLX ASST CSTM | Y | | |
| L1904 | ANKLE ORTHOSIS ANKL GAUNTLET CUSTOM | Y | | |
| L1906 | ANKLE FT ORTHOS MULTILIG SUPP PRFAB | Y | | |
| L1907 | ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM | Y | | |
| L1910 | AFO POST 1 BAR CLASP ATTCH SHOE | Y | | |
| L1920 | AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB | Y | | |
| L1930 | AFO PLASTIC/OTH MATERIAL PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L1932 | AFO RIGD ANT TIBL CARB FIBR/= PRFAB | Y | | |
| L1940 | ANK FT ORTHOT PLSTC/OTH MATL CSTM | Y | | |
| L1945 | AFO MOLD PLSTC RIGD ANT TIBL CSTM | Y | | |
| L1950 | AFO SPIRAL PLASTIC CUSTOM FAB | Y | | |
| L1951 | ANK FT ORTHOT SPIRAL PLSTC/OTH MATL | Y | | |
| L1960 | AFO POST SOLID ANK PLSTC CSTM FAB | Y | | |
| L1970 | AFO PLASTIC W/ANK JOINT CUSTOM FAB | Y | | |
| L1971 | ANK FT ORTHOT PLSTC/OTH MATL PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L1980 | AFO 1 UPRT DORSIFLX SLID STIRUP FAB | Y | | |
| L1990 | AFO DBL UPRT DORSIFLX STIRUP CSTM | Y | | |
| L2000 | KAFO 1 UPRT SOLID STIRUP CSTM | Y | | |
| L2005 | KAFO ANY MATL AUTO RLS ANK JNT CSTM | Y | | |
| L2010 | KAFO 1 UPRT STIRUP NO KNEE JNT CSTM | Y | | |
| L2020 | KAFO DBL UPRT STIRUP THI&CALF CSTM | Y | | |
| L2030 | KAFO DBL UPRT STIRUP NO KNEE JNT | Y | | |
| L2034 | KAFO PLSTC MED LAT ROTAT CNTRL CSTM | Y | | |
| L2035 | KAFO FULL PLSTC STAT PED SZ PRFAB | Y | | |
| L2036 | KAFO FULL PLSTC DBL UPRT CSTM FAB | Y | | |
| L2037 | KAFO FULL PLSTC 1 UPRIGHT CSTM FAB | Y | | |
| L2038 | KAFO FULL PLSTC MX-AXIS ANKLE CSTM | Y | | |
| L2040 | HKAFO TORSN CNTRL BIL ROTAT STRAPS | Y | | |
| L2050 | HKAFO BIL TORSION CABLES CSTM FAB | Y | | |
| L2060 | HKAFO BIL TORSION BALL BEAR CSTM | Y | | |
| L2070 | HKAFO UNI ROTAT STRAPS CSTM FAB | Y | | |
| L2080 | HKAFO UNI TORSION CABLE CSTM FAB | Y | | |
| L2090 | HKAFO UNI TORSN CABL BALL BEAR CSTM | Y | | |
| L2106 | AFO TIB FX CAST THERMOPLSTC CSTM | Y | | |
| L2108 | AFO TIB FX CAST ORTHOT CSTM | Y | | |
| L2112 | AFO TIB FX ORTHOT SFT PRFAB FIT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2114 | AFO TIBL FX ORTHOS SEMI-RIGD PRFAB | Y | | |
| L2116 | AFO TIB FX ORTHOT RIGD PRFAB FIT | Y | | |
| L2126 | KAFO FEM FX CAST THERMOPLSTC CSTM | Y | | |
| L2128 | KAFO FEM FX CAST ORTHOT CSTM FAB | Y | | |
| L2132 | KAFO FEM FX CAST ORTHOT SFT PRFAB | Y | | |
| L2134 | KAFO FEM FX CAST SEMI-RIGD PRFAB | Y | | |
| L2136 | KAFO FEM FX CAST ORTHOT RIGD PRFAB | Y | | |
| L2180 | ADD LW EXTRM ORTH PLSTC SHOE INSRT | Y | | |
| L2182 | ADD LW EXT ORTH DROP LOCK KNEE JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2184 | ADD LW EXTRM ORTH LTD MOT KNEE JNT | Y | | |
| L2186 | ADD LW EXT ORTH ADJ MOT KNEE JNT | Y | | |
| L2188 | ADD LW EXT FX ORTHOT QUADRILAT BRIM | Y | | |
| L2190 | ADD LOW EXTREM FX ORTHOT WAIST BELT | Y | | |
| L2192 | ADD LW EXT ORTH HIP JNT THI FLNGE | Y | | |
| L2200 | ADD LOW EXTRM LTD ANK MOTION EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2210 | ADD LOW EXTREM DORSIFLX ASST EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2220 | ADD LW EXT DRNFLX&PLNTR ASST EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2230 | ADD LW EXT SPLIT FLAT CALIPR STIRUP | Y | | |
| L2232 | ADD LOW EXT ORTHOS ROCKR BOTTM CSTM | Y | | |
| L2240 | ADD LW EXT ROUND CALIPER&PLAT ATTCH | Y | | |
| L2250 | ADD LW EXT FT PLAT MOLD PT STIRUP | C | PA required for ages 21 and under; not required for ages over 21 | |

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| L2260 | ADD LW EXT REINFORCED SOLID STIRUP | Y | | |
| L2265 | ADD LOW EXTREM LONG TONGUE STIRUP | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2270 | ADD LW EXT VARUS/VALGUS CORR STRAP | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2275 | ADD LW EXT VARUS/VULGUS CORR PLSTC | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2280 | ADD LOW EXTREM MOLDED INNR BOOT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2300 | ADD LW EXTRM ABDUCT BAR JNTED ADJ | Y | | |
| L2310 | ADD LOW EXTREM ABDUCT BAR STRAIGHT | Y | | |
| L2320 | ADD LOW EXT NONMOLD LACER CSTM ONLY | Y | | |
| L2330 | ADD LOW EXT LACER MOLD PT CSTM ONLY | Y | | |
| L2335 | ADDITION LOW EXTREM ANT SWING BAND | Y | | |
| L2340 | ADD LW EXTRM PRETIBL SHELL MOLD PT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2350 | ADD LW EXT PROSTH TYPE SCKT MOLD PT | Y | | |
| L2360 | ADDITION LOW EXTREM EXT STEEL SHANK | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2370 | ADDITION LOWER EXTREM PATTEN BOTTOM | Y | | |
| L2375 | ADD LW EXT TORSION CNTRL ANK JNT | Y | | |
| L2380 | ADD LW EXT TORSN CNTRL STRAIT KNEE | Y | | |
| L2385 | ADD LW EXTREM STRAIT KNEE JNT HD EA | Y | | |
| L2387 | ADD LW EXT POLYCNTRC KNEE CSTM KAFO | Y | | |
| L2390 | ADD LW EXTRM OFFSET KNEE JNT EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2395 | ADD LW EXT OFFSET KNEE JNT HD EA | Y | | |
| L2397 | ADD LOW EXTREM ORTHOTIC SUSP SLEEVE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2405 | ADDITION KNEE JOINT DROP LOCK EACH | Y | | |
| L2415 | ADD KNEE LOCK-INTEGRATD RLSE EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2425 | ADD KNEE JNT DISC/DIAL LOCK EA JNT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2430 | ADD KNEE JNT RATCHT LOCK EXT EA JNT | Y | | |
| L2492 | ADD KNEE LIFT LOOP DROP LOCK RING | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2500 | ADD LW EXTRM THIGH/WT BEAR RING | Y | | |
| L2510 | ADD LW EXTRM THI/WT BEAR MOLD PT | Y | | |
| L2520 | ADD LW EXTRM THI/WT BEAR CSTM | Y | | |
| L2525 | ADD LW EXT ISCH M-L BRIM MOLD PT | Y | | |
| L2526 | ADD LW EXTRM ISCH M-L BRIM CSTM FIT | Y | | |
| L2530 | ADD LW EXT THI/WT BEAR LACR NONMOLD | Y | | |
| L2540 | ADD LW EXT THI/WT BEAR LACR MOLD PT | Y | | |
| L2550 | ADD LW EXT THI/WT BEAR HI ROLL CUFF | Y | | |
| L2570 | ADD LW EXT PELV HIP JNT CLEVIS | Y | | |
| L2580 | ADD LOW EXTRM PELV CNTRL PELV SLING | Y | | |
| L2600 | ADD LW EXT PELV THRUST BEAR FREE | Y | | |
| L2610 | ADD LW EXT PELV THRUST BEAR LOCK | Y | | |
| L2620 | ADD LW EXT PLV HIP JNT HEVY-DUTY EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2622 | ADD LW EXT PELV HIP JNT ADJ FLX EA | Y | | |
| L2624 | ADD LW EXTRM PELV HIP JNT FLX EXT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2627 | ADD LW EXT PELV PLSTC MOLD PT-CABLE | Y | | |
| L2628 | ADD LW EXT PELV METL FRME-CABLES | Y | | |
| L2630 | ADD LW EXTRM PELV BAND&BELT UNI | Y | | |
| L2640 | ADD LW EXTRM PELV BAND&BELT BIL | Y | | |
| L2650 | ADD LW EXTRM PELV&THOR GLUTL PAD EA | Y | | |
| L2660 | ADD LOW EXTREM THOR CNTRL THOR BAND | Y | | |
| L2670 | ADD LW EXTRM THOR CNTRL PARASP UPRT | Y | | |
| L2680 | ADD LW EXT THOR CNTRL LAT SUPP UPRT | Y | | |
| L2750 | ADD LW EXT ORTHOT PLAT CHROME/NICKL | Y | | |
| L2755 | ADD LOW EXT ORTHOT PER SEG CSTM | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2760 | ADD LOW EXTREM ORTHOTIC EXT-EXT-BAR | Y | | |
| L2768 | ORTHOTIC SIDE BAR DISCNCT DEVC-BAR | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2780 | ADD LW EXT ORTH NONCORROSIVE BAR | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2785 | ADD LW EXT ORTHOT DROP LOCK RETN EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2795 | ADD LW EXT ORTH KNEE CNTRL FULL CAP | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2800 | ADD LOW EXT ORTHOT KNEE CAP CSTM | Y | | |
| L2810 | ADD LW EXT ORTH KNEE CNDYLR PAD | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2820 | ADD LW EXT SFT INTERFCE BELW KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |

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| L2830 | ADD LW EXT SFT INTERFCE ABVE KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L2840 | ADD LW EXT ORTHOT TIB LEN SOCK FX/= | Y | | |
| L2850 | ADD LW EXT ORTHO FEM LEN SOCK FX/= | Y | | |
| L2861 | ADD LOW EXT JNT KNEE/ANK CSTM EA | Y | | |
| L3000 | FT INSRT MOLD UCB TYPE BERKLY SHELL | Y | | |
| L3100 | HALLUS-VALGUS NIGHT DYN SPLNT PRFAB | Y | | |
| L3140 | FOOT ABDUCT ROTATION BAR INCL SHOES | Y | | |
| L3150 | FOOT ABDUCT ROTATION BAR W/O SHOES | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3160 | FOOT ADJUSTBL SHOE-STYLD PSTN DEVC | Y | | |
| L3201 | ORTHOPEDE SHOE OXFRD SUPINATR INFNT | Y | | |
| L3202 | ORTHOPEDE SHOE OXFRD W/SUPINATR CHLD | Y | | |
| L3203 | ORTHOPEDE SHOE OXFRD W/SUPINATR JR | Y | | |
| L3204 | ORTHOPEDE SHOE HITOP SUPINATR INFNT | Y | | |
| L3206 | ORTHOPEDE SHOE HITOP W/SUPINATR CHLD | Y | | |
| L3207 | ORTHOPEDE SHOE HITOP W/SUPINATR JR | Y | | |
| L3208 | SURGICAL BOOT EACH INFANT | Y | | |
| L3209 | SURGICAL BOOT EACH CHILD | Y | | |
| L3211 | SURGICAL BOOT EACH JUNIOR | Y | | |
| L3212 | BENESCH BOOT PAIR INFANT | Y | | |
| L3213 | BENESCH BOOT PAIR CHILD | Y | | |
| L3214 | BENESCH BOOT PAIR JUNIOR | Y | | |
| L3215 | ORTHOPEDE FTWEAR LADIES OXFORD EA | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| L3216 | ORTHO FTWEAR LADIES SHOE DPTH INLAY | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| L3217 | ORTHOPEDE FTWEAR LADIES HITOP INLAY | Y | Not covered by CA | |
| L3219 | ORTHOPEDE FTWEAR MENS SHOE OXFORD EA | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| L3221 | ORTHOPEDE FTWEAR MENS SHOE DPTH INLAY | C | PA required for ages 21 and under; not required for ages over 21. Not covered by CA | |
| L3222 | ORTHO FTWEAR MENS HITOP DPTH INLAY | Y | Not covered by CA | |
| L3230 | ORTHO FTWEAR CSTM SHOE DEPTH INLAY | Y | | |
| L3250 | ORTHOPEDE FOOTWEAR CSTM MOLD PROSTH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3251 | FOOT SHOE MOLD PT SILCON SHOE EA | Y | | |
| L3252 | FOOT SHOE MOLD PT PLASTAZOTE CSTM | Y | | |
| L3253 | FOOT MOLD SHOE PLASTAZOTE CSTM FIT | Y | | |
| L3254 | NONSTANDARD SIZE OR WIDTH | Y | | |
| L3255 | NONSTANDARD SIZE OR LENGTH | Y | | |
| L3257 | ORTHOPEDE FOOTWEAR ADD CHRGR SPLIT SZ | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3260 | SURGICAL BOOT/SHOE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3265 | PLASTAZOTE SANDAL EACH | Y | | |
| L3300 | LIFT ELEV HEEL TAPERED MTS PER INCH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3310 | LIFT ELEV HEEL&SOLE NEOPRENE-INCH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3320 | LIFT ELEV HEEL&SOLE CORK PER INCH | Y | | |
| L3330 | LIFT ELEVATION METAL EXTENSION | Y | | |
| L3332 | LIFT ELEV IN SHOE TAPERED TO 1/2 IN | Y | | |
| L3334 | LIFT ELEVATION HEEL PER INCH | Y | | |
| L3340 | HEEL WEDGE SACH | Y | | |
| L3350 | HEEL WEDGE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3360 | SOLE WEDGE OUTSIDE SOLE | Y | | |
| L3370 | SOLE WEDGE BETWEEN SOLE | Y | | |
| L3380 | CLUBFOOT WEDGE | Y | | |
| L3390 | OUTFLARE WEDGE | Y | | |
| L3400 | METATARSAL BAR WEDGE ROCKER | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3410 | METATARSAL BAR WEDGE BETWEEN SOLE | Y | | |
| L3420 | FULL SOLE&HEEL WEDGE BETWEEN SOLE | Y | | |
| L3430 | HEEL COUNTER PLASTIC REINFORCED | Y | | |
| L3440 | HEEL COUNTER LEATHER REINFORCED | Y | | |
| L3450 | HEEL SACH CUSHION TYPE | Y | | |
| L3455 | HEEL NEW LEATHER STANDARD | Y | | |
| L3460 | HEEL NEW RUBBER STANDARD | Y | | |
| L3465 | HEEL THOMAS WITH WEDGE | Y | | |
| L3470 | HEEL THOMAS EXTENDED TO BALL | Y | | |

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| L3480 | HEEL PAD AND DEPRESSION FOR SPUR | Y | | |
| L3485 | HEEL PAD REMOVABLE FOR SPUR | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3500 | ORTHOPEDED SHOE ADD INSOLE LEATHR | Y | | |
| L3510 | ORTHOPEDED SHOE ADD INSOLE RUBBER | Y | | |
| L3520 | ORTHO SHOE ADD INSOLE FELT W/LEATHR | Y | | |
| L3530 | ORTHOPEDED SHOE ADDITION SOLE HALF | Y | | |
| L3540 | ORTHOPEDED SHOE ADDITION SOLE FULL | Y | | |
| L3550 | ORTHOPEDED SHOE ADD TOE TAP STANDARD | Y | | |
| L3560 | ORTHOPEDED SHOE ADD TOE TAP HORSESHOE | Y | | |
| L3570 | ORTHOPEDED SHOE ADD SPCL EXT INSTEP | Y | | |
| L3580 | ORTHO SHOE ADD CNVRT INSTP-VELC CLO | Y | | |
| L3590 | ORTHO SHOE ADD CONVERT FIRM TO SOFT | Y | | |
| L3595 | ORTHOPEDED SHOE ADDITION MARCH BAR | Y | | |
| L3600 | TRNSF ORTH-ANOTHER CALIPR PLAT XST | Y | | |
| L3610 | TRNSF ORTH-ANOTHER CALIPR PLAT NEW | Y | | |
| L3620 | TRNSF ORTH-ANOTH SOLID STIRUP XST | Y | | |
| L3630 | TRNSF ORTH-ANOTH SOLID STIRUP NEW | Y | | |
| L3640 | TRNSF ORTH-ANOTH DENNS BRWN SPLNT | Y | | |
| L3671 | SO JOINT DESIGN W/O JOINTS CUSTOM | Y | | |
| L3674 | SHOULDER ORTHOTIC ABDUCT PSTN CSTM | Y | | |
| L3675 | SHLDR VEST ABDUCT RESTRAINR PREFAB | Y | | |
| L3677 | SHLDR ORTHOS JNT DSGN PREFAB CUSTOM | Y | | |
| L3678 | SHLDR ORTHOS JNT DSGN NO JNT PREFAB | Y | | |
| L3702 | EO W/O JOINTS CUSTOM FABRICATED | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3710 | ELB ORTHOS ELASTIC METL JNTS PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3720 | EO DBL UPRT W/CUFF FREE MOT CSTM | Y | | |
| L3730 | EO DBL UPRT-CUFF EXT/FLX ASST CSTM | Y | | |
| L3740 | EO DBL UPRT W/CUFF ADJ LOCK CSTM | Y | | |
| L3760 | ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3763 | EWHO RIGID W/O JOINTS CUSTOM FAB | Y | | |
| L3764 | EWHO 1/> NONTORSION JNTS CSTM FAB | Y | | |
| L3765 | EWHFO RIGID W/O JOINTS CUSTOM FAB | Y | | |
| L3766 | EWHFO 1/> NONTORSION JNTS CSTM FAB | Y | | |
| L3806 | WHFO CUSTOM FAB INCL FIT & ADJUST | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3807 | WHF ORTHOS NO JNT PRFAB CUSTOM FIT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3809 | WHF ORTHO NO JOINTS PREFAB ANY TYPE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3891 | ADD UP EXT JNT WRIST/ELB CSTM EA | Y | | |
| L3900 | WHFO DYN FLX HNG WRST DRVN CSTM FAB | Y | | |
| L3901 | WHFO DYN FLX HNG CABLE DRIVEN CSTM | Y | | |
| L3904 | WHFO EXTERNAL POWER ELEC CSTM FAB | Y | | |
| L3905 | WHO 1/> NONTORSION JOINTS CSTM FAB | Y | | |
| L3906 | WHO W/O JOINTS STRAPS CSTM FAB | Y | | |
| L3912 | HAND FINGR ORTHOS FINGR CNTRL PRFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3913 | HFO W/O JOINTS CUSTOM FABRICATED | Y | | |
| L3915 | WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT | Y | | |
| L3916 | WH ORTHOS 1/> NONTORSN JOINT PREFAB | Y | | |
| L3917 | HAND ORTHOSIS MC FX PREFAB CSTM FIT | Y | | |
| L3918 | HAND ORTHOSIS METACARPL FX ORTHOSIS | Y | | |
| L3919 | HAND ORTHOTIC W/O JOINTS CUSTOM FAB | Y | | |
| L3921 | HFO 1/> NONTORSION JOINTS CSTM FAB | Y | | |
| L3923 | HF ORTHOSIS NO JOINT PRFAB CSTM FIT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3924 | HAND FINGER ORTHOSIS W/O JOINTS | Y | | |
| L3925 | FINGER ORTHOS NONTORSION JNT PREFAB | Y | | |
| L3927 | FINGER ORTHOSIS W/O JOINT PREFAB | Y | | |
| L3929 | HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM | Y | | |
| L3930 | HF ORTHOS 1/> NONTORSION JNT PREFAB | Y | | |
| L3931 | WHFO PREFAB INCL FITTING & ADJ | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3933 | FINGER ORTHOTIC W/O JOINTS CSTM FAB | Y | | |
| L3935 | FO NONTORSION JOINT CUSTOM FAB | Y | | |

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| L3956 | ADD JNT UP EXTREM ORTHOT MATL; JNT | Y | | |
| L3960 | SEWHO ABDUCT PSTN AIRPLANE DESIGN | Y | | |
| L3961 | SEWHO SHLDR CAP DESN NO JNTS CSTM | Y | | |
| L3962 | SEWHO ABDUCT PSTN ERBS PALS DESIGN | Y | | |
| L3967 | SEWHO ABDUCT PSTN W/O JNTS CSTM FAB | Y | | |
| L3971 | SEWHO SHOULDER CAP DESIGN CSTM FAB | Y | | |
| L3973 | SEWHO ABDUCTION POSITION CSTM FAB | Y | | |
| L3975 | SEWHFO SHLDR CAP DESN NO JNTS CSTM | Y | | |
| L3976 | SEWHFO ABDUCT PSTN W/O JNTS CUS FAB | Y | | |
| L3977 | SEWHFO SHOULD CAP DESIGN CUSTOM FAB | Y | | |
| L3978 | SEWHFO ABDUCTION POSITION CSTM FAB | Y | | |
| L3980 | UP EXT FX ORTHOT HUM PRFAB-FIT&ADJ | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3981 | UE FX ORTHOSIS HUMERAL PREF STRAPS | Y | | |
| L3982 | UP EXTRM FX ORTH RADUS/ULNAR PRFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L3984 | UP EXTRM FX ORTHOTIC WRST PRFAB | Y | | |
| L3995 | ADD UP EXTREM ORTHOT SOCK FX/= EA | Y | | |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS | Y | | |
| L4002 | REPL STRAP ANY ORTHOTIC ALL CMPNTS | Y | | |
| L4010 | REPLACE TRILATERAL SOCKET BRIM | Y | | |
| L4020 | REPL QUADRILAT SOCKT BRIM MOLD PT | Y | | |
| L4030 | REPL QUADRILAT SOCKT BRIM CSTM FIT | Y | | |
| L4040 | REPL MOLDED THI LACER CSTM ONLY | Y | | |
| L4045 | REPL NONMOLD THI LACER CSTM ONLY | Y | | |
| L4050 | REPL MOLDED CALF LACER CSTM ONLY | Y | | |
| L4055 | REPL NONMOLD CALF LACER CSTM ONLY | Y | | |
| L4060 | REPLACE HIGH ROLL CUFF | Y | | |
| L4070 | REPLACE PROXIMAL&DIST UPRIGHT KAFO | Y | | |
| L4080 | REPLACE METAL BANDS KAFO PROX THIGH | Y | | |
| L4090 | REPL METL BANDS KAFO-AFO CALF/THI | Y | | |
| L4100 | REPLACE LEATHR CUFF KAFO PROX THIGH | Y | | |
| L4110 | REPL LEATHR CUFF KAFO-AFO CALF/THI | Y | | |
| L4130 | REPLACE PRETIBIAL SHELL | Y | | |
| L4205 | REPR ORTHOT DEVC LABR CMPNT 15 MIN | Y | | |
| L4210 | REP ORTHOT DEVC REP/REPL MINOR PART | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4360 | WALK BOOT PNEUMAT&VAC PREFAB CUSTM | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4370 | PNEUMATIC FULL LEG SPLINT PREFAB | Y | | |
| L4386 | WALK BOOT NON-PNEUMATIC PREFAB CSTM | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4387 | WALKING BOOT NON-PNEUMATIC PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4396 | STAT/DYN ANK FT ORTHOS PREFAB CSTM | Y | | |
| L4397 | STATIC/DYNAMIC AFO MIN ABM PREFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4398 | FOOT DROP SPLINT RECUMBNT POS PRFAB | C | PA required for ages 21 and under; not required for ages over 21 | |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTOM CSTM | Y | | |
| L5000 | PART FT SHOE INSRT W/LNGTUDNL ARCH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5010 | PART FT MOLD SOCKT ANK HT W/TOE FIL | Y | | |
| L5020 | PART FT MOLD SOCKET TIB TUBERCLE HT | Y | | |
| L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | Y | | |
| L5060 | ANK SYMS METL FRME MOLD LEATHR SCKT | Y | | |
| L5100 | BELW KNEE MOLD SOCKT SHIN SACH FOOT | Y | | |
| L5105 | BK PLSTC SCKT JNT&THI LACER SACH FT | Y | | |
| L5150 | KNEE DISRTC MOLD SCKT EXT KNEE JNT | Y | | |
| L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE | Y | | |
| L5200 | AK MOLD SOCKT 1 AXIS CONSTANT FRICT | Y | | |
| L5210 | AK SHRT PROS NO KNEE JNT-ANK JNT EA | Y | | |
| L5220 | AK SHRT PROSTH W/ARTIC ANK/FOOT DYN | Y | | |
| L5230 | AK PROX FEM FOCAL DEFIC SACH FT | Y | | |
| L5250 | HIP DISRTC CANADIAN; MOLD SCKT HIP | Y | | |
| L5270 | HIP DISRTC TLT TABL; MOLD SCKT LOCK | Y | | |
| L5280 | HEMIPELVECT CANADIAN; MOLD SOCKT | Y | | |
| L5301 | BK MOLD SCKT SHIN SACH FT ENDO SYS | Y | | |

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| L5312 | KNEE DISART MOLD SOCKET 1 AXIS KNEE | Y | | |
| L5321 | AK OPEN END SACH FT ENDO SYS 1 AXIS | Y | | |
| L5331 | JOINT SINGLE AXIS KNEE SACH FOOT | Y | | |
| L5341 | SINGLE AXIS KNEE SACH FOOT | Y | | |
| L5400 | IMMED POSTSURG RIGD DRSG W/1 CHG BK | Y | | |
| L5410 | IMMED POSTSURG RIGD DRG BK-EA CAST | Y | | |
| L5420 | IMMED POSTSURG RIGD DRSG 1 CHG AK | Y | | |
| L5430 | IMMED POSTSURG RIGD DRSG AK EA CAST | Y | | |
| L5450 | IMMED POSTSURG NONWT BEAR RIGD BK | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5460 | IMMED POSTSURG NONWT BEAR RIGD AK | Y | | |
| L5500 | INIT BK PTB SCKT NON-ALIGN DIR FORM | Y | | |
| L5505 | INIT AK-DISRTC ISCH LEVL NON-ALIGN | Y | | |
| L5510 | PREP BK PTB SCKT NON-ALIGN MOLD MDL | Y | | |
| L5520 | PREP BK PTB THERMOPLSTC/=DIR FORM | Y | | |
| L5530 | PREP BK PTB THERMOPLSTC/=MOLD MDL | Y | | |
| L5535 | PREP BK PTB PRFAB ADJ OPEN END SCKT | Y | | |
| L5540 | PREP BK PTB LAMINATED SCKT MOLD MDL | Y | | |
| L5560 | PREP AK-DISARTIC PLASTER MOLD MDL | Y | | |
| L5570 | PREP AK-DISRTC THRMOPSTC/=DIR FORM | Y | | |
| L5580 | PREP AK-DISARTIC THERMOPLSTC/=MOLD | Y | | |
| L5585 | PREP AK-DISARTIC PRFAB ADJ OPN END | Y | | |
| L5590 | PREP AK-DISARTIC LAMINATD SCKT MOLD | Y | | |
| L5595 | PREP HIP DISARTIC THERMOPLSTC/=MOLD | Y | | |
| L5600 | PREP HIP DISARTIC LAMINATD SCKT MOLD | Y | | |
| L5610 | ADD LW EXTRM ENDO AK HYDRACADENCE | Y | | |
| L5611 | ADD LW EXT AK-DISARTIC W/FRICT CNTRL | Y | | |
| L5613 | ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL | Y | | |
| L5614 | ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL | Y | | |
| L5616 | ADD LW EXT AK UNIVRSL MXPLX FRICT | Y | | |
| L5617 | ADD LW EXTREM QUICK CHANGE AK/BK EA | Y | | |
| L5618 | ADD LOW EXTREM TEST SOCKET SYMES | Y | | |
| L5620 | ADD LOW EXTREM TEST SOCKET BELW KNEE | Y | | |
| L5622 | ADD LW EXTRM TST SOCKET KNEE DISARTIC | Y | | |
| L5624 | ADD LOW EXTREM TEST SOCKET ABOVE KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5626 | ADD LW EXTRM TST SOCKET HIP DISARTIC | Y | | |
| L5628 | ADD LOW EXTRM TST SOCKET HEMIPELVECT | Y | | |
| L5629 | ADD LW EXTRM BELW KNEE ACRYLC SOCKET | Y | | |
| L5630 | ADD LW EXT SYMS TYPE XPND WALL SCKT | Y | | |
| L5631 | ADD LW EXT ABOVE KNEE/DISARTIC ACRYLC | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5632 | ADD LW EXT SYMS PTB BRIM DESN SOCKET | Y | | |
| L5634 | ADD LW EXT SYMS POST OPENING SOCKET | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5636 | ADD LW EXT SYMS MED OPENING SOCKET | Y | | |
| L5637 | ADD LOW EXTREM BELW KNEE TOTAL CNTC | Y | | |
| L5638 | ADD LW EXTRM BELW KNEE LEATHR SOCKET | Y | | |
| L5639 | ADD LOW EXTREM BELW KNEE WOOD SOCKET | Y | | |
| L5640 | ADD LW EXT KNEE DISARTIC LEATHR SCKT | Y | | |
| L5642 | ADD LW EXTRM ABOVE KNEE LEATHR SOCKET | Y | | |
| L5643 | ADD LW EXT HIP DISRTC FLX EXT FRAME | Y | | |
| L5644 | ADD LOW EXTREM ABOVE KNEE WOOD SOCKET | Y | | |
| L5645 | ADD LW EXTRM BK FLX INNR EXT FRME | Y | | |
| L5646 | ADD LOW EXT BELOW KNEE CUSHN SOCKET | Y | | |
| L5647 | ADD LOW EXTRM BELW KNEE SUCTN SOCKET | Y | | |
| L5648 | ADD LOW EXT ABOVE KNEE CUSHN SOCKET | Y | | |
| L5649 | ADD LW EXT ISCHIAL CONTAINMENT SCKT | Y | | |
| L5650 | ADD LW EXTRM TOT CONTACT AK/DISARTIC | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5651 | ADD LW EXTRM AK FLX INNR EXT FRME | Y | | |
| L5652 | ADD LW EXTRM SUCTN SUSP AK/DISARTIC | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5653 | ADD LW EXT KNEE DISRTC XPNDABL WALL | Y | | |
| L5654 | ADD LOW EXTREM SOCKET INSERT SYMES | Y | | |

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| L5655 | ADD LOW EXTRM SOCKT INSRT BELW KNEE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5656 | ADD LW EXT SOCKT INSRT KNEE DISARTC | Y | | |
| L5658 | ADD LOW EXTRM SOCKT INSRT ABVE KNEE | Y | | |
| L5661 | ADD LW EXT INSRT MXIDROMETER SYMES | Y | | |
| L5665 | ADD LW EXT INSRT MXDROMTR BELW KNEE | Y | | |
| L5666 | ADD LOW EXTREM BELOW KNEE CUFF SUSP | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5668 | ADD LW EXTRM BK MOLD DISTAL CUSHION | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5670 | ADD LW EXTRM BK MOLD SUPRACOND SUSP | Y | | |
| L5671 | ADD LW EXTRM BK/AK SUSP LOCK MECH | Y | | |
| L5672 | ADD LW EXTRM BK REMV MED BRIM SUSP | Y | | |
| L5673 | ADD LW EXT BK/AK CSTM FAB XST MOLD | Y | | |
| L5676 | ADD LW EXT BK KNEE JNT 1 AXIS PAIR | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5677 | ADD LW EXT BK KNEE JNT POLYCNTRC PR | Y | | |
| L5678 | ADD LW EXT BELW KNEE JNT COVRS PAIR | Y | | |
| L5679 | ADD LW EXT BK/AK CSTM FAB XST MOLD | Y | | |
| L5680 | ADD LW EXTRM BK THI LACER NONMOLD | Y | | |
| L5681 | ADD LW EXT INSRT CONGN/AMPUTE INIT | Y | | |
| L5682 | ADD LW EXT BK THIGH LACER MOLD | Y | | |
| L5683 | ADD LW EXT INSRT NO CONGN/AMP INIT | Y | | |
| L5684 | ADD LOW EXTREM BELW KNEE FORK STRAP | Y | | |
| L5685 | ADD LOW EXT PROS BELW KNEE SLEEVE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5686 | ADD LOW EXTREM BELW KNEE BACK CHECK | Y | | |
| L5688 | ADD LW EXTRM BK WAIST BELT WEB | Y | | |
| L5690 | ADD LW EXTRM BK WAIST BELT PAD | Y | | |
| L5692 | ADD LW EXTRM AK PELVIC CONTROL BELT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5694 | ADD LW EXTRM AK PELV CNTRL BELT PAD | Y | | |
| L5695 | ADD LW EXT AK PELV CNTRL SLV NEOPRN | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5696 | ADD LW EXTRM AK/DISARTIC PELV JNT | Y | | |
| L5697 | ADD LW EXTRM AK/DISARTIC PELV BAND | Y | | |
| L5698 | ADD LW EXTRM AK/KD SILESIA BANDAGE | Y | | |
| L5699 | ALL LOW EXTREM PROSTH SHLDR HARNESS | Y | | |
| L5700 | REPL SOCKET BELOW KNEE MOLD PT MDL | Y | | |
| L5701 | REPL SCKT AK/DISARTIC W/ATTCH PLAT | Y | | |
| L5702 | REPL SCKT HIP DISRTC W/HIP JNT MOLD | Y | | |
| L5703 | ANK SYMES MLD PT MDL SACH FT REPL | Y | | |
| L5704 | CUSTOM SHAP PROTVE COVER BELOW KNEE | Y | | |
| L5705 | CUSTOM SHAP PROTVE COVER ABOVE KNEE | Y | | |
| L5706 | CUSTOM SHAPED COVER KNEE DISARTIC | Y | | |
| L5707 | CUSTOM SHAPED COVER HIP DISARTIC | Y | | |
| L5710 | ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK | Y | | |
| L5711 | ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT | Y | | |
| L5712 | ADD EXO KNEE-SHIN FRICT SWING CNTRL | Y | | |
| L5714 | ADD EXO KNEE-SHIN VARBL FRICT SWING | Y | | |
| L5716 | ADD EXO KNEE-SHIN MECH STANCE LOCK | Y | | |
| L5718 | ADD EXO KNEE-SHIN FRICT SWING CNTRL | Y | | |
| L5722 | ADD EXO KNEE-SHIN PNUMAT SWNG FRICT | Y | | |
| L5724 | ADD KNEE-SHIN 1 AXIS FL SWING PHASE | Y | | |
| L5726 | ADD EXO KNEE-SHIN EXT JNT FL SWING | Y | | |
| L5728 | ADD EXO KNEE-SHIN FL SWING&STANCE | Y | | |
| L5780 | ADD EXO KNEE-SHIN PNEUMAT/HYDRA | Y | | |
| L5781 | ADD LW LIMB PROS LIMB MGMT SYS | Y | | |
| L5782 | ADD LW LIMB PROS LIMB MGMT HVY DUTY | Y | | |
| L5785 | ADD EXOSKEL BELW KNEE ULTRA-LT MATL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5790 | ADD EXOSKEL ABVE KNEE ULTRA-LT MATL | Y | | |
| L5795 | ADD EXOSKEL HIP DISARTIC ULTRA-LGHT | Y | | |
| L5810 | ADD ENDOSKEL KNEE-SHIN MANUAL LOCK | Y | | |
| L5811 | ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT | Y | | |
| L5812 | ADD ENDO KNEE-SHIN FRICT SWNG CNTRL | Y | | |
| L5814 | ADD ENDO KNEE-SHN HYDRAUL MECH LOCK | Y | | |

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| L5816 | ADD ENDO KNEE-SHIN MECH STANCE LOCK | Y | | |
| L5818 | ADD ENDO KNEE-SHIN FRICT SWNG&STANC | Y | | |
| L5822 | ADD ENDO KNEE-SHIN PNEUMATIC FRICT | Y | | |
| L5824 | ADD ENDO KNEE-SHIN FL SWING CNTRL | Y | | |
| L5826 | ADD ENDO KNEE-SHIN MIN HI ACTV FRME | Y | | |
| L5828 | ADD ENDO KNEE-SHIN FL SWING&STANCE | Y | | |
| L5830 | ADD ENDO KNEE-SHIN PNEUMAT/SWING | Y | | |
| L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK SWING | Y | | |
| L5845 | ADD ENDOSKL KNEE-SHIN STANC FLX ADJ | Y | | |
| L5848 | ADD ENDOSKEL KNEE-SHIN FLUID EXT | Y | | |
| L5850 | ADD ENDO AK/HIP DSRTC KNEE EXT ASST | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5855 | ADD ENDO HIP DISARTIC MECH EXT ASST | Y | | |
| L5856 | ADD LOW EXT PROS KN-SHN SWING&STNCE | Y | | |
| L5857 | ADD LOW EXT PROS KN-SHN SWING ONLY | Y | | |
| L5858 | ADD LW EXT PROS KNEE SHN SYS STANCE | Y | | |
| L5859 | ADD LW EXT PROS KN-SHN PROG FLX/EXT | Y | | |
| L5910 | ADD ENDOSKEL BELW KNEE ALIGNBL SYS | Y | | |
| L5920 | ADD ENDOSKEL AK/HIP DSRTC ALIGNBL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5925 | ADD ENDO AK/HIP DISARTIC MNL LOCK | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | Y | | 3/1/2024 |
| L5930 | ADD ENDO HI ACTV KNEE CNTRL FRAME | Y | | |
| L5940 | ADD ENDOSKEL BELW KNEE ULTRA-LGHT | Y | | |
| L5950 | ADD ENDOSKEL ABVE KNEE ULTRA-LGHT | Y | | |
| L5960 | ADD ENDOSKL HIP DISARTC ULTRA-LGHT | Y | | |
| L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT | Y | | |
| L5962 | ADD ENDO BK FLEX PROTVE OUTER COVER | Y | | |
| L5964 | ADD ENDO AK FLXBL PROTVE OUTR COVR | Y | | |
| L5966 | ADD ENDO HIP DSRTC FLX PROTVE COVR | Y | | |
| L5968 | ADD LW LIMB PROSTH MX-AXIAL ANKLE | Y | | |
| L5970 | ALL LW EXTRM PROSTH FOOT SACH FOOT | Y | | |
| L5971 | ALL LW EXT PROS SACH FOOT REPL ONLY | Y | | |
| L5972 | ALL LOW EXT PROS FOOT FLEXIBLE KEEL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5973 | ENDO ANK FOOT MICROPROCSS CNTRL PWR | Y | | |
| L5974 | ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5975 | ALL LW EXTRM PROSTH COMB 1 AXIS ANK | C | PA required for ages 21 and under; not required for ages over 21 | |
| L5976 | ALL LW EXTRM PROSTH ENERGY STOR FT | Y | | |
| L5978 | ALL LW EXTRM PRSTH FT MX-AXL ANK/FT | Y | | |
| L5979 | ALL LW XTRM PRSTH MX-AXL ANK 1 PECE | Y | | |
| L5980 | ALL LOW EXTREM PROSTH FLX-FOOT SYS | Y | | |
| L5981 | ALL LOW EXTREM PROSTH FLX-WALK SYS/= | Y | | |
| L5982 | ALL EXOSKEL LW EXT PROS AXIAL ROTAT | Y | | |
| L5984 | ALL ENDOSKEL LW EXT PRSTH AXL ROTAT | Y | | |
| L5985 | ALL ENDOSKL LW XTRM PROSTH DYNAMIC | Y | | |
| L5986 | ALL LW EXTRM PROSTH MX-AXIAL ROT U | Y | | |
| L5987 | ALL LW EXTRM PROSTH SHANK FOOT SYS | Y | | |
| L5988 | ADD LW LMB PRSTH VERTCL SHOCK RDUCE | Y | | |
| L5990 | ADD LW EXTRM PROSTH USE ADJ HEEL HT | Y | | |
| L6000 | PARTIAL HAND THUMB REMAINING | Y | | |
| L6010 | PART HAND LITTLE &/ RING FINGER REM | Y | | |
| L6020 | PARTIAL HAND NO FINGER REMAINING | Y | | |
| L6026 | TRANSCARPL/MC/PART HAND DISART PROS | Y | | |
| L6050 | WRST DSRTC MOLD SOCKET FLEX ELB HNG | Y | | |
| L6055 | WRST DSRTC MOLD SCKT W/XPND INTRFCE | Y | | |
| L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HNG | Y | | |
| L6110 | BELOW ELBOW MOLDED SOCKET | Y | | |
| L6120 | BELW ELB STEP-UP HINGES HALF CUFF | Y | | |
| L6130 | BELW ELB STMP ACTV LCK HNG 1/2 CUFF | Y | | |
| L6200 | ELB DSRTC MOLD SCKT OTSD LCK FORARM | Y | | |
| L6205 | ELB DSRTC MOLD SCKT XPND INTRFC ARM | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|---------------------------------------|-----|------------------------------------------------------------------|--------------|
| L6250 | ABOVE ELB INTERNAL LOCK ELB FOREARM | Y | | |
| L6300 | SHLDR DISARTC INTRL LOCK ELB FORARM | Y | | |
| L6310 | SHLDR DISART PASS REST COMPL PROSTH | Y | | |
| L6320 | SHLDR DISART PASS REST SHLDR CAP | Y | | |
| L6350 | INTRSCAP THOR INTRL LOCK ELB FORARM | Y | | |
| L6360 | INTERSCAPULAR THOR COMPLT PROSTH | Y | | |
| L6370 | INTERSCAPULAR THOR SHLDR CAP ONLY | Y | | |
| L6380 | IMMED POSTSURG RIGD DRSG WRST DSRTC | Y | | |
| L6382 | IMMED POSTSURG RIGD DRSG ELB DSRTC | Y | | |
| L6384 | IMMED POSTSRG RIGD DRSG SHLDR DSRTC | Y | | |
| L6386 | IMMED POSTSURG EA ADD CAST CHANGE | Y | | |
| L6388 | IMMED POSTSURG RIGID DRSG ONLY | Y | | |
| L6400 | BE MOLD SCKT ENDOSKEL-SFT PROS TISS | Y | | |
| L6450 | ELB DISARTIC MOLD SOCKET ENDOSKEL | Y | | |
| L6500 | ABOVE ELBOW MOLD SOCKET ENDOSKEL | Y | | |
| L6550 | SHLDR DISARTC MOLD SOCKET ENDOSKEL | Y | | |
| L6570 | INTRSCAP THOR MOLD SOCKET ENDOSKEL | Y | | |
| L6580 | PREP WRST DISARTIC PLSTC SOCKT MOLD | Y | | |
| L6582 | PREP WRST DISARTC ELB SCKT DIR FORM | Y | | |
| L6584 | PREP ELB DISARTC PLASTIC SOCKT MOLD | Y | | |
| L6586 | PREP ELB DISARTIC SOCKET DIR FORM | Y | | |
| L6588 | PREP SHLDR DSRTC THOR PLSTC SOCKT | Y | | |
| L6590 | PREP SHLDR DSRTC THOR SCKT DIR FORM | Y | | |
| L6600 | UP EXTREM ADD POLYCNTRC HINGE PAIR | Y | | |
| L6605 | UPPER EXTREM ADD 1 PIVOT HINGE PAIR | Y | | |
| L6610 | UP EXT ADD FLEX METAL HINGE PAIR | Y | | |
| L6611 | ADD UP EXT PROS EXT PWR ADD SWITCH | Y | | |
| L6615 | UP EXTREM ADD DISCNCT LOCK WRST U | Y | | |
| L6616 | UP EXT ADD-DSCNCT INSR T LCK WRST EA | Y | | |
| L6620 | UP EXT ADD FLEX/EXT WRIST UNIT | Y | | |
| L6621 | UP EXTREM PROS ADD FLEX/EXTEN WRIST | Y | | |
| L6623 | UP EXT ADD ROTATL WRST W/LATCH RLSE | Y | | |
| L6624 | UP EXT ADD FLX/EXT ROT WRIST UNIT | Y | | |
| L6625 | UP EXT ADD ROTAT WRST W/CABLE LOCK | Y | | |
| L6628 | UP EXTRM ADD QUICK DISCNCT HOOK | Y | | |
| L6629 | UP EXT ADD QUIK DSCNCT LAMNAT COLLR | C | PA required for ages 21 and under; not required for ages over 21 | |
| L6630 | UP EXTREM ADD STAINLESS STEEL WRIST | Y | | |
| L6632 | UP EXTREM ADD LATX SUSP SLEEVE EA | Y | | |
| L6635 | UPPER EXTREM ADD LIFT ASSIST ELB | Y | | |
| L6637 | UP EXTREM ADD NUDGE CNTRL ELB LOCK | Y | | |
| L6638 | UP EXT ADD PROS LOCK W/MNL PWR ELB | Y | | |
| L6640 | UP EXTREM ADD SHLDR ABDUCT JNT PAIR | Y | | |
| L6641 | UP EXTRM ADD EXCURSN AMPL PULLEY | Y | | |
| L6642 | UP EXTRM ADD EXCURSN AMPL LEVER | Y | | |
| L6645 | UP EXT ADD SHLDR FLX-ABDUCT JNT EA | Y | | |
| L6646 | UP EXT ADD SHLDR JNT MX PSTN SYS | Y | | |
| L6647 | UP EXT ADD SHLDR LOCK MECH BDY PWR | Y | | |
| L6648 | UP EXT ADD SHLDR LOCK MECH EXT PWR | Y | | |
| L6650 | UP EXTRM ADD SHLDR UNIVERSAL JNT EA | Y | | |
| L6655 | UP EXTREM ADD STD CNTRL CABLE XTRA | Y | | |
| L6660 | UP EXTREM ADD HEVY DUTY CNTRL CABLE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L6665 | UP EXTREM ADD TEFLON/= CABLE LINING | C | PA required for ages 21 and under; not required for ages over 21 | |
| L6670 | UP EXTREM ADD HOOK HND CABLE ADAPTR | Y | | |
| L6672 | UP EXT ADD HRNSS CHST/SHLDR SADDLE | Y | | |
| L6675 | UP EXT ADD HARNESS 1 CABLE DESIGN | Y | | |
| L6676 | UP EXT ADD HARNESS 2 CABLE DESIGN | Y | | |
| L6677 | UP EXT ADD HARNESS 3 CNTRL OP DVC&ELB | Y | | |
| L6680 | UP EXTRM ADD TST SCKT WRIST DISARTC | Y | | |
| L6682 | UP EXTRM ADD TST SOCKT ELB DISARTIC | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|-------------------------------------|-----|----------|--------------|
| L6684 | UP EXTRM ADD TST SCKT SHLDR DISARTC | Y | | |
| L6686 | UPPER EXTREM ADDITION SUCTION SOCKT | Y | | |
| L6687 | UP EXT ADD FRME TYPE SCKT BELW ELB | Y | | |
| L6688 | UP EXT ADD FRME TYPE SOCKT ABVE ELB | Y | | |
| L6689 | UP EXT ADD FRAME SCKT SHLDR DISARTC | Y | | |
| L6690 | UP EXT ADD FRAME SCKT INTRSCAP-THOR | Y | | |
| L6691 | UPPER EXTREM ADD REMV INSERT EA | Y | | |
| L6692 | UP EXTREM ADD SILCON GEL INSRT/=EA | Y | | |
| L6693 | UP EXT ADD LOCK ELB FORARM CNTRBAL | Y | | |
| L6694 | ADD UP EXT PROS CSTM W/LOCK MECH | Y | | |
| L6695 | ADD UP EXT PROS CSTM W/O LOCK MECH | Y | | |
| L6696 | ADD UP EXT PROS CNGN/TRAUMAT AMP | Y | | |
| L6697 | ADD UP EXT PROS NOT CNGN/TRAUM AMP | Y | | |
| L6698 | ADD UP EXT PROS LOCK MECH EXC INSRT | Y | | |
| L6703 | TERMINAL DEVICE PASSIVE HAND/MITT | Y | | |
| L6704 | TERMINAL DEVC SPORT/REC/WORK ATTACH | Y | | |
| L6706 | TERMINAL DEVC HOOK MECH VOL OPENING | Y | | |
| L6707 | TERMINAL DEVC HOOK MECH VOL CLOSING | Y | | |
| L6708 | TERMINAL DEVC HAND MECH VOL OPENING | Y | | |
| L6709 | TERMINAL DEVC HAND MECH VOL CLOSING | Y | | |
| L6711 | TERM DVC HOOK MECH VOL OPN PED | Y | | |
| L6712 | TERM DVC HOOK MECH VOL CLOS PED | Y | | |
| L6713 | TERM DVC HAND MECH VOL OPN PED | Y | | |
| L6714 | TERM DEVC HAND MECH VOL CLOS PED | Y | | |
| L6715 | TERM DEVC MX ARTC DIG INIT ISS/REPL | Y | | |
| L6721 | TERM DEVC HOOK/HAND HD MECH VOL OPN | Y | | |
| L6722 | TERM DEVC HOOK/HND HD MECH VOL CLOS | Y | | |
| L6805 | ADD TERM DEVICE MODIFIER WRIST UNIT | Y | | |
| L6810 | ADD TERM DEVC PRECISION PINCH DEVC | Y | | |
| L6880 | ELEC HND SW/MYOLELEC CNTRL ARTC DIG | Y | | |
| L6881 | AUTO GRASP ADD UPPER LIMB PROS DEVC | Y | | |
| L6882 | MICROPCSS CNTRL ADD UP LIMB PROSTH | Y | | |
| L6883 | REPL SOCKET BE/WD MOLDED TO PT MDL | Y | | |
| L6884 | REPL SOCKT ABOVE ELB DISART MOLD PT | Y | | |
| L6885 | REPL SOCKT SD/INTRSCAP THOR MOLD PT | Y | | |
| L6890 | ADD UP EXT PROSTH GLOV TERM PRFAB | Y | | |
| L6895 | ADD UP EXT PROSTH GLOV TERM CSTM | Y | | |
| L6900 | HND REST PART W/GLOV THUMB/1 FNGR | Y | | |
| L6905 | HND REST PART HND W/GLOV MX FNGR | Y | | |
| L6910 | HND REST PART HND W/GLOV NO FNGR | Y | | |
| L6915 | HAND REST REPL GLOVE FOR ABOVE | Y | | |
| L6920 | WRST DISARTC OTTO BOCK/=SWTCH CNTRL | Y | | |
| L6925 | WRST DSRTC OTTO BOCK/=MYOELC CNTRL | Y | | |
| L6930 | BELW ELB OTTO BOCK/=SWITCH CNTRL | Y | | |
| L6935 | BELW ELB OTTO BOCK/=MYOELC CNTRL | Y | | |
| L6940 | ELB DISRTC OTTO BOCK/=SWITCH CNTRL | Y | | |
| L6945 | ELB DISRTC OTTO BOCK/=MYOELC CNTRL | Y | | |
| L6950 | ABVE ELB OTTO BOCK/=SWITCH CONTROL | Y | | |
| L6955 | ABVE ELB OTTO BOCK/=MYOELC CNTRL | Y | | |
| L6960 | SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL | Y | | |
| L6965 | SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL | Y | | |
| L6970 | INTERSCAP-THOR OTTO BOCK/=SWITCH | Y | | |
| L6975 | INTERSCAP-THOR OTTO BOCK/=MYOELC | Y | | |
| L7007 | ELEC HND SWITCH/MYOELC CNTRL ADULT | Y | | |
| L7008 | ELEC HAND SWITCH/MYOELC CNTRL PED | Y | | |
| L7009 | ELEC HOOK SWITCH/MYOELC CNTRL ADULT | Y | | |
| L7040 | PREHENSILE ACTUATOR SWITCH CONTROL | Y | | |
| L7045 | ELEC HOOK SWITCH MYOELC CONTRL PED | Y | | |
| L7170 | ELEC ELB HOSMER/EQUAL SWITCH CNTRL | Y | | |

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| L7180 | ELEC ELB SEQENTL CNTRL ELB&TRM DEV | Y | | |
| L7181 | ELEC ELB SIMULTAN CNTRL ELB&TRM DEV | Y | | |
| L7185 | ELEC ELB ADOLES VRITY VILL/=SWITCH | Y | | |
| L7186 | ELEC ELB CHLD VRITY VILL/=SWITCH | Y | | |
| L7190 | ELEC ELB ADOLES VRITY VILL/=MYOELC | Y | | |
| L7191 | ELEC ELB CHLD VRITY VILL/=MYOELEC | Y | | |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE | Y | | |
| L7360 | SIX VOLT BATTERY EACH | Y | | |
| L7362 | BATTERY CHARGER 6 VOLT EACH | Y | | |
| L7364 | TWELVE VOLT BATTERY EACH | Y | | |
| L7366 | BATTERY CHARGER TWELVE VOLT EACH | Y | | |
| L7367 | LITHIUM ION BATT RECHARGEABLE REPL | Y | | |
| L7368 | LITHIUM ION BATT CHARGER REPL ONLY | Y | | |
| L7400 | ADD UP EXT PROS BE/WD ULTRALT MATL | Y | | |
| L7401 | ADD UP EXT PROS ABV ED ULTRALT MATL | Y | | |
| L7402 | ADD UP EXT PROS SD/INTRSCAP THOR | Y | | |
| L7403 | ADD UP EXT PROS BE/WD ACRYLIC MATL | Y | | |
| L7404 | ADD UP EXT PROS ABVE ED ACRYLC MATL | Y | | |
| L7405 | ADD UP EXT PROS SD/INTERSCAP THOR | Y | | |
| L7510 | REP PROS DEVC REP/REPL MINOR PART | C | PA required for ages 21 and under; not required for ages over 21 | |
| L7520 | REPR PROSTH DEVC LABR CMPNT-15 MIN | Y | | |
| L8000 | BREAST PROS MAST BRA NO INTEG FORM | Y | | |
| L8001 | BREAST PROS MAST BRA INTEG FORM UNI | Y | | |
| L8002 | BREAST PROS MAST BRA INTEG FORM BIL | Y | | |
| L8010 | BREAST PROSTHESIS MASTECTOMY SLEEVE | Y | | |
| L8015 | EXT BREAST PROS GARMNT POST-MASTECT | Y | | |
| L8020 | BREAST PROSTHESIS MASTECTOMY FORM | Y | | |
| L8030 | BREAST PROS SILCON/=NO INTGRL ADHES | Y | | |
| L8031 | BREAST PROS SILCON/= W/NTGRL ADHES | Y | | |
| L8032 | NIPPLE PROSTH REUSABLE ANY TYPE EA | Y | | |
| L8035 | CSTM BRST PROSTH POST MASTECT MOLD | Y | | |
| L8300 | TRUSS SINGLE WITH STANDARD PAD | Y | | |
| L8310 | TRUSS DOUBLE WITH STANDARD PADS | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8320 | TRUSS ADDITION STANDARD PAD H2O PAD | Y | | |
| L8330 | TRUSS ADD STANDARD PAD SCROTAL PAD | Y | | |
| L8400 | PROSTHETIC SHEATH BELOW KNEE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8410 | PROSTHETIC SHEATH ABOVE KNEE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8415 | PROSTHETIC SHEATH UPPER LIMB EACH | Y | | |
| L8417 | PROS SHEATH/SOCK-GEL CUSHN BK/AK EA | Y | | |
| L8420 | PROSTHETIC SOCK MX PLY BELW KNEE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8430 | PROSTHETIC SOCK MX PLY ABVE KNEE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8435 | PROSTH SOCK MX PLY UPPER LIMB EA | Y | | |
| L8440 | PROSTHETIC SHRINKER BELOW KNEE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8460 | PROSTHETIC SHRINKER ABOVE KNEE EACH | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8465 | PROSTHETIC SHRINKER UPPER LIMB EACH | Y | | |
| L8470 | PROSTH SOCK 1 PLY FIT BELW KNEE EA | Y | | |
| L8480 | PROSTH SOCK 1 PLY FIT ABVE KNEE EA | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8485 | PROSTH SOCK 1 PLY FIT UPPER LIMB EA | Y | | |
| L8500 | ARTIFICIAL LARYNX ANY TYPE | Y | | |
| L8501 | TRACHEOSTOMY SPEAKING VALVE | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8505 | ARTFICL LARYNX REPLCMT BATTERY/ACSS | Y | | |
| L8507 | TRACHEO-ESOPH VOICE PROSTH PT INSRT | Y | | |
| L8509 | TRACHEO-ESOPH VOICE PROS INSRT PROV | Y | | |
| L8510 | VOICE AMPLIFIER | Y | | |
| L8603 | INJ COLL IMPL URIN TRACT 2.5 ML SYR | Y | | |
| L8604 | INJ BULKING AGT URINARY TRACT 1 ML | Y | | |
| L8605 | INJ BLK AGT DX/HA CP IMPL ANAL 1 ML | Y | | |
| L8606 | INJ SYNTH IMPL URIN TRACT 1 ML SYR | Y | | |
| L8607 | INJ VOCAL CORD BULKING AGENT | Y | | |

| Code | Description | PA* | Comments | Date Updated |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------|--------------|
| L8614 | COCHLEAR DEVC INCL INT&EXT COMPONENT | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8615 | HEADSET/HEADPIECE COCHLR IMPL REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8616 | MICROPHONE COCHLEAR IMPL DEVC REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8617 | TRNSMTTING COIL COCHLEAR IMPL REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8619 | COCHLR IMPL SPCH PRCSSR/CNTRLR REPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8622 | ALKALIN BATT COCHLR IMPL ANY SZ RPL | Y | | |
| L8623 | LITH ION BATT NOT EAR LEVEL REPL EA | Y | | |
| L8627 | COCHLEAR IMPL EXT PROCSSR CMPNT RPL | Y | | |
| L8628 | COCHLR IMPL EXT CONTRLLR CMPNT REPL | Y | | |
| L8629 | TRANSMIT COIL CABLE COCHLR DEV RPL | C | PA required for ages 21 and under; not required for ages over 21 | |
| L8680 | IMPL NEUROSTIMULATOR ELECTRODE EA | Y | | |
| L8681 | PT PROG IMPL NEUROSTM PLSE GEN REPL | Y | | |
| L8682 | IMPL NEUROSTIMULATOR RADIOFREQ RECV | Y | | |
| L8683 | RF TRNSMT W/IMPL NEUROSTIM RF RECV | Y | | |
| L8685 | IMPL NEUROSTIM 1 ARRAY RECHARGEABLE | Y | | |
| L8686 | IMPL NEUROSTIM 1 ARRAY NON-RECHARGE | Y | | |
| L8687 | IMPL NEUROSTIM 2 ARRAY RECHARGEABLE | Y | | |
| L8688 | IMPL NEUROSTIM 2 ARRAY NON-RECHARGE | Y | | |
| L8689 | EXT RECHARG SYS IMPL NEUROSTIM REPL | Y | | |
| L8690 | Auditory osseointegrated device, includes all internal and external components | Y | | 11/01/22 |
| L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | Y | | 11/01/22 |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | Y | | 11/01/22 |
| L8693 | Auditory osseointegrated device abutment, any length, replacement only | Y | | 11/01/22 |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | Y | | 11/01/22 |
| L8695 | EXT RECHARG SYS IMPL NEUROSTIM REPL | Y | | |
| L8696 | ANT FOR IMPL DIA/PN ST DEV REPL EA | Y | | |
| L8699 | PROSTHETIC IMPLANT NOS | C | PA required for ages 21 and under; not required for ages over 21 | |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another L code | Y | | 11/01/22 |
| Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) | Y | | 3/1/2024 |
| Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis) | Y | | 3/1/2024 |
| Q2039 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE | Y | | |
| Q2041 | AXICABTAGENE CILOLEUCEL CAR+ | Y | | 01/10/19 |
| Q2042 | TISAGENLECLEUCEL CAR-POS T | Y | | 01/04/19 |
| Q2043 | SIPULEUCEL-T AUTO CD54+ | Y | | |
| Q2048 | DOXIL INJECTION | Y | | |
| Q2049 | IMPORTED LIPODOX INJ | Y | | |
| Q2050 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL | Y | | |
| Q2053 | BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | Y | | 09/01/21 |
| Q2054 | LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE | Y | | 12/01/21 |
| Q2055 | Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Y | | 3/1/2022 |
| Q2056 | Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Y | | 12/01/22 |
| Q3001 | RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH | Y | | 02/01/21 |
| Q4050 | CAST SUPPLIES UNLISTED | Y | | |
| Q4100 | SKIN SUBSTITUTE, NOS | Y | | |
| Q4102 | OASIS WOUND MATRIX | Y | | |
| Q4103 | OASIS BURN MATRIX | Y | | |
| Q4105 | INTEGRA DRT | Y | | |
| Q4107 | GRAFTJACKET | Y | | |
| Q4108 | INTEGRA MATRIX | Y | | |
| Q4110 | PRIMATRIX | Y | | |
| Q4111 | GAMMAGRAFT | Y | | |
| Q4112 | CYMETRA INJECTABLE | Y | | |
| Q4113 | GRAFTJACKET XPRESS | Y | | |
| Q4114 | INTEGRA FLOWABLE WOUND MATRI | Y | | |
| Q4115 | ALLOSKIN, PER SQ CM | Y | | 11/01/22 |

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|-------|---------------------------------------------------------------------------|-----|----------|--------------|
| Q4116 | ALLODERM | Y | | |
| Q4117 | HYALOMATRIX | Y | | |
| Q4118 | MATRISTEM MICROMATRIX | Y | | |
| Q4119 | MATRISTEM WOUND MATRIX | Y | | |
| Q4120 | MATRISTEM BURN MATRIX | Y | | |
| Q4121 | THERASKIN | Y | | |
| Q4122 | DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQ CM | Y | | 11/01/22 |
| Q4123 | ALLOSKIN RT, PER SQ CM | Y | | 11/01/22 |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4125 | ARTHROFLEX, PER SQ CM | Y | | 11/01/22 |
| Q4126 | MEMODERM, DERMASPERAN, TRANZGRAFT OR INTEGUPLY, PER SQ CM | Y | | 11/01/22 |
| Q4127 | TALYMED, PER SQ CM | Y | | 11/01/22 |
| Q4128 | FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQ CM | Y | | 11/01/22 |
| Q4129 | UNITE BIOMATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4130 | STRATTICE TM, PER SQ CM | Y | | 11/01/22 |
| Q4131 | EPIFIX OR EPICORD, PER SQ CM | Y | | 11/01/22 |
| Q4134 | HMATRIX | Y | | |
| Q4135 | MEDISKIN | Y | | |
| Q4136 | EZDERM | Y | | |
| Q4137 | AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQ CM | Y | | 11/01/22 |
| Q4138 | BIODFENCE DRYFLEX, PER SQ CM | Y | | 11/01/22 |
| Q4139 | AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC | Y | | 11/01/22 |
| Q4140 | BIODFENCE, PER SQ CM | Y | | 11/01/22 |
| Q4141 | ALLOSKIN AC, PER SQ CM | Y | | 11/01/22 |
| Q4142 | XCM BIOLOGIC TISSUE MATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4143 | REPRIZA, PER SQ CM | Y | | 11/01/22 |
| Q4145 | EPIFIX, INJECTABLE, 1 MG | Y | | 11/01/22 |
| Q4146 | TENSIX, PER SQ CM | Y | | 11/01/22 |
| Q4147 | ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4148 | NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQ CM | Y | | 11/01/22 |
| Q4149 | EXCELLAGEN, 0.1 CC | Y | | 11/01/22 |
| Q4150 | ALLOWRAP DS OR DRY, PER SQ CM | Y | | 11/01/22 |
| Q4151 | AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER | Y | | 04/14/21 |
| Q4152 | DERMAPURE, PER SQ CM | Y | | 11/01/22 |
| Q4153 | DERMAVEST, PLURIVEST, PER SQ CM | Y | | 11/01/22 |
| Q4154 | BIOVANCE, PER SQ CM | Y | | 11/01/22 |
| Q4155 | NEOXFLO OR CLARIXFLO, 1 MG | Y | | 11/01/22 |
| Q4156 | NEOX 100 OR CLARIX 100, PER SQ CM | Y | | 11/01/22 |
| Q4157 | REVITALON, PER SQ CM | Y | | 11/01/22 |
| Q4158 | KERECIS OMEGA3, PER SQ CM | Y | | 11/01/22 |
| Q4159 | AFFINITY1 SQUARE CM | Y | | 01/09/18 |
| Q4160 | NUSHIELD 1 SQUARE CM | Y | | 01/09/18 |
| Q4161 | BIO-CONNECT WOUND MATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4162 | WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC | Y | | 11/01/22 |
| Q4163 | WOUNDEX, BIOSKIN, PER SQ CM | Y | | 11/01/22 |
| Q4164 | HELICOLL, PER SQUARE CM | Y | | 11/01/22 |
| Q4165 | KERAMATRIX OR KERASORB, PER SQ CM | Y | | 11/01/22 |
| Q4166 | CYTAL, PER SQUARE CENTIMETER | Y | | |
| Q4167 | TRUSKIN, PER SQ CENTIMETER | Y | | |
| Q4168 | AMNIOBAND, 1 MG | Y | | |
| Q4169 | ARTACENT WOUND, PER SQ CM | Y | | |
| Q4170 | CYGNUS, PER SQ CM | Y | | |
| Q4171 | INTERFYL, 1 MG | Y | | |
| Q4172 | PURAPLY OR PURAPLY AM, PER SQ CM | Y | | 11/01/22 |
| Q4173 | PALINGEN OR PALINGEN XPLUS, PER SQUARE CM | Y | | |
| Q4174 | PALINGEN OR PROMATRIX, 0.36 MG PER 0.25 CC | Y | | |
| Q4175 | MIRODERM, PER SQUARE CENTIMETER | Y | | |
| Q4176 | NEOPATCH, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | Y | | 01/01/18 |

| Code | Description | PA* | Comments | Date Updated |
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| Q4178 | FLOWERAMNIOPATCH, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4179 | FLOWERDERM, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4180 | REVITA, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4181 | AMNIO WOUND, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4182 | TRANSCYTE, PER SQUARE CENTIMETER | Y | | 01/01/18 |
| Q4183 | SURGIGRAFT, PER SQ CM | Y | | 11/01/22 |
| Q4184 | CELLESTA OR DUO PER SQ CM | Y | | 11/01/22 |
| Q4185 | CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC | Y | | 11/01/22 |
| Q4187 | EPICORD, PER SQ CM | Y | | 11/01/22 |
| Q4188 | AMNIOARMOR, PER SQ CM | Y | | 11/01/22 |
| Q4189 | ARTACENT AC, 1 MG | Y | | 11/01/22 |
| Q4190 | ARTACENT AC, PER SQ CM | Y | | 11/01/22 |
| Q4191 | RESTORIGIN, PER SQ CM | Y | | 11/01/22 |
| Q4192 | RESTORIGIN, 1 CC | Y | | 11/01/22 |
| Q4193 | COLL-E-DERM, PER SQ CM | Y | | 11/01/22 |
| Q4194 | NOVACHOR, PER SQ CM | Y | | 11/01/22 |
| Q4195 | PURAPLY, PER SQ CM | Y | | 11/01/22 |
| Q4196 | PURAPLY AM, PER SQ CM | Y | | 11/01/22 |
| Q4197 | PURAPLYXT, PER SQ CM | Y | | 11/01/22 |
| Q4198 | GENESIS AMNIO MEMBRANE, PER SQ CM | Y | | 11/01/22 |
| Q4199 | Cygnus matrix, per sq cm | Y | | 3/1/2022 |
| Q4200 | SKIN TE, PER SQ CM | Y | | 11/01/22 |
| Q4201 | MATRION, PER SQ CM | Y | | 11/01/22 |
| Q4202 | KEROXX (2.5G/CC), 1CC | Y | | 11/01/22 |
| Q4203 | DERMA-GIDE, PER SQ CM | Y | | 11/01/22 |
| Q4204 | XWRAP, PER SQ CM | Y | | 11/01/22 |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQ CM | Y | | 11/01/22 |
| Q4206 | FLUID FLOW OR FLUID GF, 1 CC | Y | | 11/01/22 |
| Q4208 | NOVAFIX, PER SQ CM | Y | | 11/01/22 |
| Q4209 | SURGRAFT, PER SQ CM | Y | | 11/01/22 |
| Q4210 | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQ CM | Y | | 11/01/22 |
| Q4211 | AMNIO BIO OR AXOBIOMEMBRANE, PER SQ CM | Y | | 11/01/22 |
| Q4212 | ALLOGEN, PER CC | Y | | 11/01/22 |
| Q4213 | ASCENT, 0.5 MG | Y | | 11/01/22 |
| Q4214 | CELLESTA CORD, PER SQ CM | Y | | 11/01/22 |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG | Y | | 11/01/22 |
| Q4216 | ARTACENT CORD, PER SQ CM | Y | | 11/01/22 |
| Q4217 | WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND XPLUS, PER SQ CM | Y | | 11/01/22 |
| Q4218 | SURGICORD, PER SQ CM | Y | | 11/01/22 |
| Q4219 | SURGIGRAFT-DUAL, PER SQ CM | Y | | 11/01/22 |
| Q4220 | BELLACELL HD OR SUREDERM, PER SQ CM | Y | | 11/01/22 |
| Q4221 | AMNIOWRAP2, PER SQ CM | Y | | 11/01/22 |
| Q4222 | PROGENAMATRIX, PER SQ CM | Y | | 11/01/22 |
| Q4224 | Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm | Y | | 07/01/22 |
| Q4225 | AmnioBind, per sq cm | Y | | 07/01/22 |
| Q4226 | MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQ CM | Y | | 11/01/22 |
| Q4227 | AMNIOCORE, PER SQ CM | Y | | 11/01/22 |
| Q4228 | BIONEXTPATCH, PER SQ CM | Y | | 11/01/22 |
| Q4229 | COGENEX AMNIOTIC MEMBRANE, PER SQ CM | Y | | 11/01/22 |
| Q4230 | COGENEX FLOWABLE AMNION, PER 0.5 CC | Y | | 02/01/21 |
| Q4231 | CORPLEX P, PER CC | Y | | 02/01/21 |
| Q4232 | CORPLEX, PER SQ CM | Y | | 02/01/21 |
| Q4233 | SURFACTOR OR NUDYN, PER 0.5 CC | Y | | 02/01/21 |
| Q4234 | XCELLERATE, PER SQ CM | Y | | 02/01/21 |
| Q4235 | AMNIOREPAIR OR ALTIPLY, PER SQ CM | Y | | 02/01/21 |
| Q4237 | CRYO-CORD, PER SQ CM | Y | | 02/01/21 |
| Q4238 | DERM-MAXX, PER SQ CM | Y | | 02/01/21 |
| Q4239 | AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQ CM | Y | | 02/01/21 |
| Q4240 | CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC | Y | | 02/01/21 |

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| Q4241 | POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC | Y | | 02/01/21 |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | Y | | 02/01/21 |
| Q4245 | AMNIOTEXT, PER CC | Y | | 02/01/21 |
| Q4246 | CORETEXT OR PROTEXT, PER CC | Y | | 02/01/21 |
| Q4247 | AMNIOTEXT PATCH, PER SQ CM | Y | | 02/01/21 |
| Q4248 | DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM | Y | | 02/01/21 |
| Q4249 | AMNIPLY, FOR TOPICAL USE ONLY, PER SQ CM | Y | | 02/01/21 |
| Q4250 | AMNIOAMP-MP, PER SQ CM | Y | | 02/01/21 |
| Q4251 | VIM, PER SQ CM | Y | | 12/01/21 |
| Q4252 | VENDAJE, PER SQ CM | Y | | 12/01/21 |
| Q4253 | ZENITH AMNIOTIC MEMBRANE, PER SQ CM | Y | | 12/01/21 |
| Q4254 | NOVAFIX DL, PER SQ CM | Y | | 02/01/21 |
| Q4255 | REGUARD, FOR TOPICAL USE ONLY, PER SQ CM | Y | | 02/01/21 |
| Q4256 | MLG-Complete, per sq cm | Y | | 07/01/22 |
| Q4257 | Relese, per sq cm | Y | | 07/01/22 |
| Q4258 | Enverse, per sq cm | Y | | 07/01/22 |
| Q4259 | Celera Dual Layer or Celera Dual Membrane, per sq cm | Y | | 11/01/22 |
| Q4260 | Signature APatch, per sq cm | Y | | 11/01/22 |
| Q4261 | TAG, per sq cm | Y | | 11/01/22 |
| Q4265 | NEOSTIM TL, PER SQ CM | Y | | 07/01/23 |
| Q4266 | NEOSTIM MEMBRANE, PER SQ CM | Y | | 07/01/23 |
| Q4267 | NEOSTIM DL, PER SQ CM | Y | | 07/01/23 |
| Q4268 | SURGRAFT FT, PER SQ CM | Y | | 07/01/23 |
| Q4269 | SURGRAFT XT, PER SQ CM | Y | | 07/01/23 |
| Q4270 | COMPLETE SL, PER SQ CM | Y | | 07/01/23 |
| Q4271 | COMPLETE FT, PER SQ CM | Y | | 07/01/23 |
| Q4272 | ESANO A, PER SQ CM | Y | | 12/01/23 |
| Q4273 | ESANO AAA, PER SQ CM | Y | | 12/01/23 |
| Q4274 | ESANO AC, PER SQ CM | Y | | 12/01/23 |
| Q4275 | ESANO ACA, PER SQ CM | Y | | 12/01/23 |
| Q4276 | ORION, PER SQ CM | Y | | 12/01/23 |
| Q4277 | WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM | Y | | 12/01/23 |
| Q4278 | EPIEFFECT, PER SQ CM | Y | | 12/01/23 |
| Q4279 | Vendaje AC, per sq cm | Y | | 3/1/2024 |
| Q4280 | XCELL AMNIO MATRIX, PER SQ CM | Y | | 12/01/23 |
| Q4281 | BARRERA SL OR BARRERA DL, PER SQ CM | Y | | 12/01/23 |
| Q4282 | CYGNUS DUAL, PER SQ CM | Y | | 12/01/23 |
| Q4283 | BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM | Y | | 12/01/23 |
| Q4284 | DERMABIND SL, PER SQ CM | Y | | 12/01/23 |
| Q4287 | DermaBind DL, per sq cm | Y | | 3/1/2024 |
| Q4288 | DermaBind CH, per sq cm | Y | | 3/1/2024 |
| Q4289 | RevoShield+ Amniotic Barrier, per sq cm | Y | | 3/1/2024 |
| Q4290 | Membrane Wrap-Hydro TM, per sq cm | Y | | 3/1/2024 |
| Q4291 | Lamellas XT, per sq cm | Y | | 3/1/2024 |
| Q4292 | Lamellas, per sq cm | Y | | 3/1/2024 |
| Q4293 | Acesso DL, per sq cm | Y | | 3/1/2024 |
| Q4294 | Amnio Quad-Core, per sq cm | Y | | 3/1/2024 |
| Q4295 | Amnio Tri-Core Amniotic, per sq cm | Y | | 3/1/2024 |
| Q4296 | Rebound Matrix, per sq cm | Y | | 3/1/2024 |
| Q4297 | Emerge Matrix, per sq cm | Y | | 3/1/2024 |
| Q4298 | AmniCore Pro, per sq cm | Y | | 3/1/2024 |
| Q4299 | AmniCore Pro+, per sq cm | Y | | 3/1/2024 |
| Q4300 | Acesso TL, per sq cm | Y | | 3/1/2024 |
| Q4301 | Activate Matrix, per sq cm | Y | | 3/1/2024 |
| Q4302 | Complete ACA, per sq cm | Y | | 3/1/2024 |
| Q4303 | Complete AA, per sq cm | Y | | 3/1/2024 |
| Q4304 | GRAFIX PLUS, per sq cm | Y | | 3/1/2024 |
| Q4305 | American Amnion AC Tri-Layer, per sq cm | Y | | 06/01/24 |
| Q4306 | American Amnion AC, per sq cm | Y | | 06/01/24 |

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| Q4307 | American Amnion, per sq cm | Y | | 06/01/24 |
| Q4308 | Sanopellis, per sq cm | Y | | 06/01/24 |
| Q4309 | VIA Matrix, per sq cm | Y | | 06/01/24 |
| Q4310 | Procenta, per 100 mg | Y | | 06/01/24 |
| Q5103 | INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG | Y | | 07/01/22 |
| Q5104 | INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG | Y | | 07/01/22 |
| Q5109 | INJECTION, IXIFI, 10 MG | Y | | 01/04/19 |
| Q5111 | INJECTION, UDENYCA 0.5 MG | Y | | 10/01/23 |
| Q5112 | INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG | Y | Effective 6/1/22 | 07/01/22 |
| Q5115 | INJECTION, RITUXIMAB-ABBS BIOSIMILAR, (TRUXIMA), 10 MG | Y | | 07/01/22 |
| Q5120 | INJ, ZIEXTENZO | Y | | 06/01/24 |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | Y | | 02/01/21 |
| Q5122 | INJ, NYVEPRIA | Y | | 10/01/23 |
| Q5123 | INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG | Y | | 09/01/21 |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg | Y | | 07/01/22 |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg | Y | | 12/01/22 |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg | Y | | 03/01/23 |
| Q5127 | PEGFILGRASTIM-FPGK (STIMUFEND®) | Y | | 07/01/23 |
| Q5128 | RANIBIZUMAB-EQRN (CIMERLI) | Y | | 07/01/23 |
| Q5129 | BEVACIZUMAB-ADCD (VEGZELMA) | Y | | 07/01/23 |
| Q5130 | INJ, FYLNETRA, 0.5 MG | Y | | 10/01/23 |
| Q5131 | Adalimumab-aacf (Idacio®) | Y | | 12/01/23 |
| Q5132 | Adalimumab-afzb (Abrilada™) and Adalimumab-aacf (Idacio®) | Y | | 3/1/2024 |
| Q5133 | Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg | Y | | 06/01/24 |
| Q5134 | Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg | Y | | 06/01/24 |
| Q9987 | PATHOGENTEST FOR PLATELETS | Y | | |
| Q9989 | USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1MG, STELARA, FOR PLAQUE PSORIASIS AND PSORIATIC ARTHRITIS | Y | | |
| Q9991 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 07/01/23 |
| Q9992 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG | Y | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 07/01/23 |
| Q9995 | INJECTION, EMICIZUMAB-KXWH, 0.5 MG | Y | | 01/04/19 |
| S0140 | SAQUINAVIR, 200 MG | Y | | |
| S0500 | DISPOSABLE CONTACT LENS, PER LENS | Y | | 09/01/21 |
| S0512 | DAILY WEAR SPECIALTY CONTACT LENS, PER LENS | Y | | 09/01/21 |
| S0514 | COLOR CONTACT LENS, PER LENS | Y | | 09/01/21 |
| S0516 | SAFETY EYEGLASS FRAMES | Y | | 09/01/21 |
| S1040 | CRANIAL REMOLDING ORTHOSIS | Y | | |
| S1091 | STENT, NONCORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL) | Y | | 09/01/21 |
| S2080 | LAUP | Y | | |
| S2118 | TOTAL HIP RESURFACING | Y | | |
| S3626 | MATERNAL SERUM QUAD SCREEN | Y | | |
| S3713 | KRAS MUTATION ANALYSIS | Y | | |
| S3820 | COMP BRCA1/BRCA2 | Y | | |
| S3823 | 3 MUTATION BRST/OVAR | Y | | |
| S3860 | GENET TEST CARDIAC ION-COMP | Y | | |
| S3862 | GENET TEST CARDIAC ION-SPEC | Y | | |
| S5102 | ADULT DAY CARE PER DIEM | Y | CBAS | |
| S5110 | FAMILY HOMECARE TRAINING 15M | Y | | |
| S8130 | INTERFERENTIAL STIM 2 CHAN | Y | | |
| S8131 | INTERFERENTIAL STIM 4 CHAN | Y | | |
| S9349 | HIT TOCOLYSIS DIEM | Y | | |
| S9445 | PATIENT EDUCATION | Y | | |
| S9446 | PATIENT EDUCATION, GROUP | Y | | |
| S9976 | Lodging, per diem, not otherwise classified | Y | | 03/01/23 |
| S9977 | Meals, per diem, not otherwise classified | Y | | 03/01/23 |
| S9988 | SERV PART OF PHASE I TRIAL | Y | | 01/07/20 |
| S9996 | MEALS FOR CLINICAL TRIAL PAR | Y | | 01/07/20 |
| T1023 | PROGRAM INTAKE ASSESSMENT | Y | | |

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| T2002 | N-ET; PER DIEM | Y | | |
| T2003 | N-ET; ENCOUNTER/TRIP | Y | | |
| T2004 | N-ET; COMMERC CARRIER PASS | Y | | |
| T2005 | N-ET; STRETCHER VAN | C | Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides | 01/01/21 |
| T2025 | WAIVER SERVICES | Y | | |
| T2028 | SPECIALIZED SUPPLY | Y | | |
| T4521 | Adult disposable incont brief/diaper SM | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4522 | Adult disposable incont brief/diaper MD | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4523 | Adult disposable incont brief/diaper LG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4524 | Adult disposable incont brief/diaper XLG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4525 | Adult disposable incont underwear SM | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4526 | Adult disposable incont underwear MD | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4527 | Adult disposable incont underwear LG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4528 | Adult disposable incont underwear XLG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4529 | Ped disposable incont brief/diaper S/M | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4530 | Ped disposable incont brief/diaper LG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4531 | Ped disposable incont underwear S/M | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4532 | Ped disposable incont underwear LG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4533 | Youth disposable incont brief/diaper | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4534 | Youth disposable incont underwear | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4535 | Disposable Liner/Pad/Undergarment IC | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4536 | IC Underwear/Pullon reusable | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4537 | IC UNDERPAD REUSABLE BED | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 10/01/23 |
| T4541 | IC disposable Underpad LG | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4542 | IC disposable Underpad SM | C | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T4543 | Disposable IC brief/diaper Bariatric | Y | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | 04/01/23 |
| T5999 | SUPPLY, NOS | Y | Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6 | |
| V2025 | DELUXE FRAME | Y | | 09/01/21 |
| V2199 | NOT OTHERWISE CLASSIFIED; SINGLE VISION LENS | Y | | 09/01/21 |
| V2299 | SPECIALTY BIFOCAL | Y | | 09/01/21 |
| V2399 | SPECIALTY TRIFOCAL | Y | | 09/01/21 |
| V2499 | VARIABLE SPHERICITY LENS, OTHER TYPE | Y | | 09/01/21 |
| V2500 | CONTACT LENS, PMMA, SPHERICAL, PER LENS | Y | | 09/01/21 |
| V2501 | CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS | Y | | 09/01/21 |
| V2510 | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS | Y | | 09/01/21 |
| V2511 | CONTACT LENS, GAS PERMEABLE, TORIC OR PRISM BALLAST, PER LENS | Y | | 09/01/21 |
| V2513 | CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS | Y | | 09/01/21 |
| V2520 | CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS | Y | | 09/01/21 |
| V2521 | CONTACT LENS, HYDROPHILIC, TORIC OR PRISM BALLAST, PER LENS | Y | | 09/01/21 |
| V2523 | CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS | Y | | 09/01/21 |
| V2531 | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS | Y | | 01/01/20 |

| Code | Description | PA* | Comments | Date Updated |
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| V2600 | HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS | Y | TAR is not required when the billed amount is less than \$100.00 | 09/01/21 |
| V2610 | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS | Y | TAR is not required when the billed amount is less than \$100.00 | 09/01/21 |
| V2615 | TELESCOPE AND OTHER COMPOUND LENS SYSTEM | Y | TAR is not required when the billed amount is less than \$100.00 | 09/01/21 |
| V2623 | PROSTHETIC EYE, PLASTIC, CUSTOM | Y | | 09/01/21 |
| V2625 | ENLARGEMENT OF OCULAR PROSTHESIS | Y | | 09/01/21 |
| V2626 | REDUCTION OF OCULAR PROSTHESIS | Y | | 09/01/21 |
| V2627 | SCLERAL COVER SHELL | Y | | 09/01/21 |
| V2628 | FABRICATION AND FITTING OF OCULAR CONFORMER | Y | | 09/01/21 |
| V2629 | PROSTHETIC EYE, OTHER TYPE | Y | | 09/01/21 |
| V2702 | DELUXE LENS FEATURE | Y | | 09/01/21 |
| V2750 | ANTIREFLECTIVE COATING, PER LENS | Y | | 09/01/21 |
| V2760 | SCRATCH RESISTANT COATING, PER LENS | Y | | 09/01/21 |
| V2761 | MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS | Y | | 09/01/21 |
| V2762 | POLARIZATION, ANY LENS MATERIAL, PER LENS | Y | | 09/01/21 |
| V2781 | PROGRESSIVE LENS, PER LENS | Y | | 09/01/21 |
| V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDING POLYCARBONATE, PER LENS | Y | | 09/01/21 |
| V2783 | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS | Y | | 09/01/21 |
| V2784 | POLYCARBONATE LENSES | Y | | |
| V2799 | VISION ITEM OR SERVICE, MISCELLANEOUS | Y | | 09/01/21 |
| V5014 | REPAIR/MODIFICATION OF HEARING AID | C | PA required for charges over \$25; PA not required for charges \$25 or less. | |
| V5014 | HEARING AID REPAIR/MODIFICATION | Y | | |
| V5030 | HEAR AID MONAURL BDY WRN AIR CONDCT | Y | | 01/01/06 |
| V5040 | HEAR AID MONAURL BDY WRN BN CONDCT | Y | | 01/01/06 |
| V5050 | HEARING AID MONAURAL IN THE EAR | Y | | 01/01/06 |
| V5060 | HEARING AID MONAURAL BEHIND THE EAR | Y | | 01/01/06 |
| V5070 | GLASSES AIR CONDUCTION | Y | | 01/01/06 |
| V5080 | GLASSES BONE CONDUCTION | Y | | 01/01/06 |
| V5120 | BINAURAL BODY | Y | | 01/01/06 |
| V5130 | BINAURAL IN THE EAR | Y | | 01/01/06 |
| V5140 | BINAURAL BEHIND THE EAR | Y | | 01/01/06 |
| V5150 | BINAURAL GLASSES | Y | | 01/01/06 |
| V5171 | HA CONTRALAT RTE DVC MONAURAL ITE | Y | | 01/01/19 |
| V5172 | HA CONTRALAT RTE DVC MONAURAL ICT | Y | | 01/01/19 |
| V5181 | HA CONTRALAT RTE DVC MONAURAL BTE | Y | | 01/01/19 |
| V5190 | HA CONTRALAT RTE MONAURAL GLASSES | Y | | 01/01/06 |
| V5211 | HA CONTRALAT RS BINAURAL ITE/ITE | Y | | 01/01/19 |
| V5212 | HA CONTRALAT RS BINAURAL ITE/ITE | Y | | 01/01/19 |
| V5213 | HA CONTRA RTE SYS BINAURAL ITE/ITC | Y | | 01/01/19 |
| V5214 | HA CONTRA ROUT SYS BINAURAL ITE/BTE | Y | | 01/01/19 |
| V5215 | HA CONTRA ROUT SYS BINAURAL ITC/ITC | Y | | 01/01/19 |
| V5221 | HA CONTRA ROUT SYS BINAURAL ITC/BTE | Y | | 01/01/19 |
| V5230 | HA CONTRALAT RTE SYS BINAUR GLASSES | Y | | 01/01/06 |
| V5298 | HEARING AID, NOT OTHERWISE CLASSIFIED | Y | | |
| V5299 | HEARING SERVICE | Y | | |
| X3900 | SINGLE MODALITY TO ONE AREA - INITIAL 30 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3902 | SINGLE MODALITY TO ONE AREA - EACH ADDITIONAL 15 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3904 | SINGLE PROCEDURE TO ONE AREA - INITIAL 30 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3906 | SINGLE PROCEDURE TO ONE AREA - EACH ADDITIONAL 15 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3908 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3910 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3912 | HUBBARD TANK - INITIAL 30 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3914 | HUBBARD TANK - EACH ADDITIONAL 15 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |

| Code | Description | PA* | Comments | Date Updated |
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| X3916 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3918 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3920 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3922 | PHYSICAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X3924 | PHYSICAL THERAPY PRELIMINARY EVALUATION REHABILITATION CENTER, SNF, ICF | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3926 | CASE CONFERENCE AND REPORT – INITIAL 30 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3928 | CASE CONSULTATION AND REPORT | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3930 | CASE CONFERENCE AND REPORT – EACH ADDITIONAL 15 MINUTES | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3932 | HOME OR LONG TERM CARE FACILITY VISIT – ADD MILEAGE, PER MILE ONE- WAY BEYOND 10-MILE RADIUS 1.77 OF POINT OF ORIGIN (OFFICE OR HOME) | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X3934 | MILEAGE, PER MILE ONE-WAY BEYOND 10-MILE RADIUS | Y | | |
| X3936 | UNLISTED | Y | | |
| X4100 | OCCUPATIONAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X4102 | OCCUPATIONAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X4104 | OCC THER CSE CONF INI 30 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X4106 | OCC THER CSE CONF EA ADD 15 MIN | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X4110 | OCCUPATIONAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X4112 | OCCUPATIONAL THERAPY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| X4118 | OCC THER! UNLISTED | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X4120 | OCC THERAPY, CASE CONSULTATION AND | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |
| X4300 | LANGUAGE EVALUATION | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 02/01/21 |
| X4301 | SPEECH EVALUATION | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 02/01/21 |
| X4302 | SPEECH-LANGUAGE THERAPY (GROUP), EACH PATIENT | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4303 | SPEECH-LANGUAGE THERAPY, INDIVIDUAL, PER HOUR (FOLLOWING PROCEDURES X4300 OR X4301) | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4304 | SPEECH-LANGUAGE THERAPY, INDIVIDUAL, 1/2 HOUR | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4310 | SPEECH GENERATING DEVICE (SGD) – RELATED BUNDLED SPEECH THERAPY SERVICES, PER VISIT | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4312 | SPEECH GENERATING DEVICE (SGD) RECIPIENT ASSESSMENT | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4500 | SP HR HR DIAG AUDIOLOG EVALUATION | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4501 | SP HR HR PURE TONE AUDIOMETRY | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4504 | SP HR O HR S AUDIOMETRY DURING SUR | C | PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| X4512 | SP HR HR BEKESY AUDIOMETRY | Y | | |
| X4514 | SP HR HR SHORT INCREMENT SENSITIVI | Y | | |
| X4518 | SP HR HR TONE DECAY TEST | Y | | |
| Z5414 | TRAVEL EXPENSES | C | No authorization required for CCS members. | 03/01/23 |
| Z5499 | UNLISTED SERVICE & PROCEDURES | Y | | |
| Z5835 | EPSDT SHARED NURSING LVN (HHA): ONE HOUR | Y | CCS only code | |
| Z5946 | NON-CONVENTIONAL HEARING AIDS | Y | | 04/14/21 |
| Z7600 | POLYSOMNOGRAPHY, SLEEP EVALUATION, | Y | | |

| Code | Description | PA* | Comments | Date Updated |
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| Z7602 | POLYSOMNOGRAPHY, SLEEP EVALUATION, | Y | | |
| Z7606 | HYPERBARIC OXYGEN CHAMBER, FIRST 15 MINUTES OR FRACTION THEREOF, AT ATMOSPHERE ABSOLUTE | Y | | |
| Z7608 | HYPERBARIC OXYGEN CHAMBER, EACH SUBSEQUENT 15 MINUTES OR MAJOR PORTION THEREOF, AT ATMOSPHERE ABSOLUTE | Y | | |
| Z7612 | UNLISTED SERVICES | Y | | |